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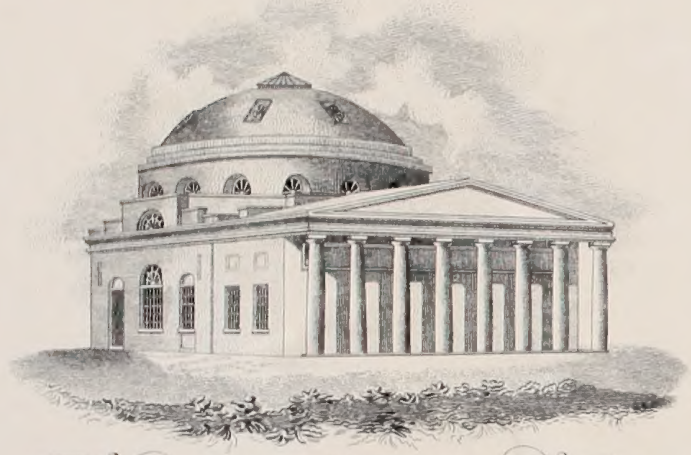

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University of Maryland Theses

Early Doctor of Medicine and Doctor of Physic Dissertations with Corrected Tables of Contents

These manuscripts described as either an Inaugural Dissertation or an Inaugural Essay were presented to the University of Maryland for the Degree of Doctor of Medicine and/or Doctor of Physic during the years 1813-1887. The individual dissertations were bound together during the 1940's. The original tables of contents for the bound volumes contained multiple errors in authors' names, titles, and/or years. To address these errors, an additional "Corrected Table of Contents" has been inserted at the beginning of each volume.

The project team who investigated and corrected the tables of contents were Richard J. Behles, Historical Librarian/Preservation Officer; María Milagros Pinkas, Metadata Management Librarian; Angela Cochrane and Carol Harling-Henry, Resources Division; Sarah Hovde, Abra Schnur and Megan Wolff, Services Division.

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(CORRECTED TABLE OF CONTENTS)

UNIVERSITY OF MARYLAND

THESES

1887

Author	Title	Notes
Gaither, A. Bradley	Puerperal Eclampsia	
Gall, E. Doudon	Valvular Diseases of the Left Heart[1]	
Gamble, Cary B.	Acute Circumscribed Hepatitis	
Gibson, Thomas S.	Digestion and Its Disorders	
Gillard, Arthur E.	The Skin	(no title page)
Harden, John H.	Pneumonia	
Harrison, Archie C.	Inguinal Hernia	
Henderson, William B.	Intermittent Fever	
Hope, W. D.	Pneumonia	(no title page)
Hopkins, Charles L.	Typhoid Fever	
Jenkins, Felix S.	Acute Tubular Nephritis	
Jenness, John H.	Pertussis	
Jeter, Ned M.	Syphilis	
Johnston, William S.	Inflammation	(no title page)
Jones, James D.	Inflammation	(no title page)
Kelly, James W.	Post-Partum Hemorrhage	

[1] Noteworthy adornment of ribbon on title page

HSHSL 2012 for the UM Digital Archive. Sources consulted for corrections: Original Dissertation; University of Maryland Medical Faculty, Matriculation List, 1851-1892; Cordell, Eugene F. "University of Maryland, 1807-1907" (New York : The Lewis Publishing Company, 1907), Volume 2.

Author	Title	Notes
Kemp, Luther	Gonorrhea	
Kernan, Charles K.	Diphtheria	
Kinne, George L.	Puerperal Fever	
Knipp, Harry E.	Antipyrine	(no title page)
Lester, William M.	The Medical Profession	(no title page)
Lindsay, John J.	Tubal Pregnancy	(no title page)
Logan, Edward N.	Asiatic Cholera	(no title page)
Mace, John	Pneumonia	(no title page)
McDuffie, James H.	Diphtheria	
McKeeby, W. Coe	Clinical History, Diagnosis, Etiology, and Treatment of Naso-Pharyngeal and Laryngeal Diseases	
Melvin, James A.	Lobar Pneumonia[2]	
Moore, Lawson B.	Pneumonia	(no title page)
Moran, Pedro S.	Acute Diffuse Nephritis	(no title page)
Morrison, Edwin L.	Tuberculosis Laryngitis	
Moyer, Lewis W.	Interstitial Nephritis	
Mullins, John B.	Measles	
Nichols, Charles F.	Causes of Cardiac Hypertrophy and Dilitation	

[2] Last half of thesis is right margin bound, back facing front

HSHSL 2012 for the UM Digital Archive. Sources consulted for corrections: Original Dissertation; University of Maryland Medical Faculty, Matriculation List, 1851-1892; Cordell, Eugene F. "University of Maryland, 1807-1907" (New York : The Lewis Publishing Company, 1907), Volume 2.

UNIVERSITY OF MARYLAND

SCHOOL OF MEDICINE

THESES

1887

Gaither, A. Bradley	Puerperal Eclampsia	32p.
Gall, E. Doudon	Valvular Diseases of the Left Heart	40p.
Gamble, Cary B.	Acute Circumscribed Hepatitis	22p.
Gibson, Thomas S.	Digestion and Its Disorders	25p.
Gillard, Arthur E.	The Skin	24p.
Harden, John H,	Pneumonia	5 p.
Harrison, Archie C.	Inguinal Hernia	2[illegible] p.
Henderson, Wm. B.	Intermittent Fever	24p.
Hope, W. D.	Pneumonia	13p.
Hopkins, Charles L.	Typhoid Fever	20p.
Jenkins, Felix S.	Acute Tubular Nephritis	11p.
Jenness, John H.	Pertussis	20p.
Jeter, Ned M.	Syphilis	27p.
Johnston, Wm. S.	Inflammation	19p.
Jones, James D.	Inflammation	17p.
Kelly, James W.	Post Partem Hemorrhage	17p.
Kemp, Luther	Gonorrhoea	28p.
Kernan, Charles K.	Diphtheria	2[illegible] p.
Kinne, George L.	Puerperal Fever	16p.

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Knipp, Harry E.	Antipyrine	24p.
Lester, Wm. M.	The Medical Profession	11p.
Lindsay, John J.	Tubal Pregnancy	19p.
Logan, Edward N.	Asiatic Cholera	21p.
Mace, John	Pneumonia	41p.
McDuffie, James H.	Diphtheria	33p.
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Melvin, James A.	Lobar Pneumonia	17p.
Moore, Lawson B.	Pneumonia	32p.
Moran, Pedro S.	Acute Diffuse Nephritis	19p.
Morrison, Edwin L.	Tuberculous Laryngitis	14p.
Moyer, Lewis W.	Interstitial Nephritis	23p.
Mullins, John B.	Measles	18p.
Nichols, Charles F.	Causes of Cardiac Hypertrophy and Dilitation	15p.

Presented to the Library

C. Bradley Gaither

February 189[illegible]

Proposed Colonization.

The method by which God has ordained that men and animals should propagate their species and preserve them after their own lives have ceased, is the deepest interest to the human mind. In the earliest times we find the same mind pondering on this subject, with all the powers of modern investigators, with as good and as bad, and by imputing the cause of human misery to laws involving the uncontrollable fact, but readily striving to create a theory which would stop the mouth

popular mind and all reading
in an unfathomable abyss of
mystery. And yet these very
circumstances the circulation of the
blood and anyone has proposed
a plausible theory for the development
of the crown of folly. The certainly
fixed in the history of Sherman was
such a mind as his has set the
small snow slide in motion, which
sweeping down the mountain of
knowledge, has gathered the united
traditions of individual investigation
until, at last, a great avalanche of
uncompromising truth swept over
the minds of incredulity and
superstition. Such patient faculties
accredited the result of years of the
experience of his lifetime to the

[illegible] of [illegible], and are
the [illegible] [illegible] [illegible] [illegible]
in darkness as to the treatment of
any case but can not help in
the assurance that what he she
has found by [illegible] the man and
found satisfactory. Woman, the
[illegible], the wife, the sister, [illegible]
always from the point of view
hence, the one bright object that
made success worthy of attention, [illegible]
has always received the tender
attention during her confinement.
The [illegible] suffer, and now the
precious life she risks in order
that "a man may be born into
the world", has caused the medical
man to apply his greatest skill
to the treatment of these cases when

Interesting are the subjects of Contagion, Infectiousness, and the Development of the Fœtus may be, we will pass these by and take up a later day of the Childbearing state.

Puerperal Conditions, call them what you may, have risen from the haunting spectre which seems to muster from the mind of the obstetrician having regard of the nature of the disease, the accoucheur, formerly lessened although yet lamentably, and many fell victims in consequence. Lets the treatment of the woman in childbirth in the Province of Scotland to whom the old crone who attended them would not give less, and of the result was disastrous more heavy but if this did we poor people from their

and may even "be unknown."

"Eclampsia supposes a concentric affection of the motor function of the nervous system characterized by loss of consciousness and muscular tetanus by tonic and clonic spasms." Several distinct diseases have been known in which have been confounded with Eclampsia. The diagnosis must be made from hysteria, the true epilepsy and other diseases which have a tendency toward convulsions. The chronic history of the patient will be a key to the diagnosis. A common form of eclampsia during labor may occur under the extreme state of the nervous system, diametrically opposed to each other; the one in which the cerebral system is immediately distressed

with blood; the cerebrum should have been drained almost to empty, as in case of profuse hemorrhage. Cuvier held that "in an attack of cerebral apoplexy the brain was equally exposed by an accumulation in it of a mass of blood" Some pathologists, indeed, have regarded it as "impossible that any state of things should materially augment or diminish the actual amount of fluids in the cranium", for the incompressibility ascribed to the Monro's theory has been confirmed by the more recent researches of Trevitt and Rosenstein, it only proves "that in the hydraemic condition of the blood there is increased intracranial tension produced by the increased impetus of the heart. The

[illegible] condition [illegible] a [illegible]
hyperæmia of the brain, which supply
succeeds to serous effusion into the cerebral
tissues, resulting in pressure on the minute
vessels and consequent anæmia.
Increased in the foetal circulation
point extreme anæmia of the cerebro
spinal centres with congestion of the
meninges, but no evidence of oedema.
The hypothesis "Eclampsia is caused by
irritation of the vaso motor centre in
consequence of an anæmic condition
produced by the retention of a certain
poison in the blood which ought to have
passed" then is one of the best explanations
and throws much light on the nature
and subsequent treatment of the disease.
Eclampsia may occur either before
or during labour, and during the

puerperal state, [illegible]
most attack all women, of all
ages and constitutions. but [illegible]
the most frequently [illegible] and
labours. The strong, robust
woman of strong muscular fibre
is the most liable to the most
delicate and slim, male is by no
means exempt from seizure
Puerperal convulsions have the constant
resemblance to epilepsy in the state
and stupor which follows, [illegible]
[illegible] epileptic [illegible]
them under the head of epileptic [illegible]
[illegible] and the [illegible] convulsions.
Trousseau and Lasègue prefer
the acceptation of Eclampsia.
Some of the other authors thought
that the sequelae [illegible]

Hand in [illegible] "Upon a woman
in labour is liable to convulsions through
motor factors in the [illegible]
Strange [illegible] total insensibility of the mind
[illegible] considering from cerebral
apoplectic [illegible]. Clarke as late as
1861 [illegible] the leading obstetricians
Expressed the opinion that "puerperal
convulsion is one of apoplexy only in being
superadded to the common apoplectic
phenomena [illegible] of muscular contraction"
We might readily imagine that in a
highly irritable state of the nervous
system [illegible] that the brain
might suffer would be more likely to
produce convulsive action of the muscles
than the coma attendant on simple
apoplexy. In infancy the cerebral
[illegible] [illegible]

fatigue, compared to the brain
of the body and in such a manner
that the influence on the body can
be felt in the development. A case of
functional convulsions must then be
considered analogous to a compatible
convulsion both causes exciting effect
the system in a highly irritable state.
Eclampsia is a rare disease, but be
no means so rare. That it does not deserve
for careful consideration. Collins in
16 414 cases of labor not met with
cases of Eclampsia. Hermann reports
that in 2,947 cases he found 6 instances
fits times. A fair average of the
occurrence of convulsions of eclampsia
would be about one in four hundred
and eighty four cases. The symptoms
of Eclampsia are so [illegible]

[illegible] the [illegible]
brain mutation [illegible]
symptoms which are generally [illegible].
Headache is generally [illegible],
dizziness, specks before the eyes and
a general feeling of depression [illegible]
sometimes [illegible] [illegible]
the convulsions occur in the first stage
of [illegible] the patient is usually sitting
or walking about the room, when
suddenly she falls in a [illegible] fit
the [illegible] [illegible] is in the
face. The expression is greatly changed,
the [illegible] [illegible] and the [illegible] [illegible].
The face becomes large and [illegible], swelling
to the [illegible] [illegible] of blood in it.
Which the veins are loaded, the
throat also swells, the cavities having
[illegible] [illegible] [illegible]

[illegible] the convulsion

[illegible] from the pockets, and the spasmodic action of the muscles causes drawing upwards so that most of the pupil and but a small portion of the cornea can be seen. The eyelids are half open and lowered, and the eyeballs fixed in the general convulsion, the angle of the mouth being drawn upwards from each side and backward spasmodically. Joint convulsions now attack the muscles of the body, which are thrown into a state of violent spasm, bending the body in an opisthotonic position and sometimes making a bridge from the head to the heels. Breathing is suspended and death seems imminent. This stage only lasts a few seconds.

is succeeded by the stage of clonic spasms. The limbs are often violently forcibly extended, and the tongue frequently severely bitten by convulsive contractions and relaxations of the muscles. Non-convulsive contractions of the face. A quantity of frothy saliva issues from the mouth, usually tinged with blood from the wounded tongue, rising much to the prominence of the cheeks. The breathing soon becomes stertorous and laborious, being accompanied by a snuffing noise from the air being impelled in it, forcing the false vocal chords, the foramen being full and slow at the commencement, and increasing in velocity as the intensity of the convulsion becomes greater. The abdomen comes

[illegible]

[illegible] for some minutes the convulsions will have quite disappeared. [illegible] [illegible] [illegible]

take place so rapidly that the [illegible]
the child is completely [illegible] before the
attendants can [illegible] that
has begun. I and [illegible] before
that "after convulsions have [illegible]
the child [illegible] the woman [illegible]
[illegible] convulsions [illegible] the child
[illegible] in relation to [illegible]
in child [illegible] would [illegible] if
born alive seems to have a tendency
towards convulsions. Dr Paul had
a case where the mother died in
Columbia, and the child was [illegible]
tracted alive, but died almost im-
mediately [illegible] convulsions. If the
[illegible] come on until
labor is nearly completed the
child's chances [illegible]
[illegible] to the [illegible]

[illegible] the [illegible] of [illegible]
the disease was tested before delivery,
and the violence of the attack, and
to the fatality of the infant being
born dead. The mortality is very great
[illegible] We do not find Eclampsia
before pregnancy was existing [illegible]
a half months, but after this it may
occur at any time. In 200 consecutive
cases 80 began during pregnancy, 20 during labor and delivery, and
100 during labor and delivery, and
[illegible] in puerperal state. Nothing can
be more serious than Eclampsia or convulsions of the women. The mortality
has been frightful to contemplate, and
when we think of the number of cases
that have been accounted to this dread
disease we shudder, [illegible]

least we are able to compare with
accuracy. The death rate has been
steadily but gradually reduced, year by
year, with the increase of remedies
and experience. At one time the
death rate was about 10%. It gradually
fell down and Hawkins in 41 cases
had only 2 deaths. Wilkeson in 21
cases 5 deaths. Pajot in 21 cases 1
death, and Hyrtl in 20 cases
lost 5. The rate of death was now
from 2 down as low as 11% to 10%
with the first treatment, with [illegible]
a still smaller proportion of failures
[illegible]

It is not easy to explain why albumen
emulsion and glycerine combinations
should be often so resistant. Dr.
McCormack and others have held that

albumen in order to the process
by which the tissues are repaired, and
that this forms the nutrition
of these tissues the connective vessels,
or simply in their being more than
the healthy and significant supply
of albumen in the blood, and in this
case it would only indicate the natural
pursuit by nature in giving the system
from the large abundant quantity.
It is known that the blood of a woman
who is pregnant contains more fibrin
than at other times, hence those who
hold the albuminuria theory say "why
not more ——?" Albumen is
found in 10 to 15 cases out of ten and
if it is missing in these two cases
could it not have existed for a time
and have disappeared. If there is

much alarmed, lest the kidneys cannot get rid of it, and so much is retained in the blood, as to induce that general irritating, and depressing results on the nervous system called "Kaepfler." This for a long time was the accepted therapeutic approach to the true pathology of the albuminous affection, and the real connection between it and albuminuria. The importance to the chronic forms of Bright's disease brought the natural inference that the conversion of Eczema into lepromata, resulting in the retention of urea in the blood, and thus uremia, by trauma, fissures and other cutaneous lesions. Frerichs however, held that the urea was changed in the

turned into carbonate of ammonia,
and that this produced the convulsions.
But these theories were overturned
by the injection of urea into the
brain of animals which produced
no convulsions, and urea then could
be found nothing to sustain Frerichs
assertion regarding the change of
the urea into carbonate of ammonia.
Many women with Bright's disease
were brought to bed, one through
in many weeks Coma pure, and
the albumen in cases of convulsions
issue, and soon after delivery, showing
that there was no organic change in
the kidney. Braxton Hicks shows that
the appearance of albumen in the
Bright Disease must be explained in
one of three ways.

convulsions are the cause of the Nephritis. 2d That the convulsions and the nephritis are due to the same cause viz. some intermittent congestion or congestion, in the blood circulating both the cerebro-spinal system, and other organs at the same time. 3d That the congestive state of the nervous system induced by the presence of the crystals in Eclampsia, is alike responsible for Kidney complication." But nothing has been shown that albumen is in itself the cause of the disease so we must look to another part of the system for the true cause. Rayer held the theory that the pressure created by the deposit of urea upon the renal vein may eventually produce hyperaemia, and then an inflammation

[illegible] Thus it explains the fact that it is generally unfriendly because it is used against external wall of abdomen, and the more [illegible] an enlarged abdomen not caused by the consistence of a tumor. He can look on albuminuria as an eccentric cause of Eclampsia, by altering the quality of the blood and irritating the nervous centres, then all tend of reasoning finally at last to the nervous centres as the true cause of convulsions, and it remains to locate the part of the brain in which the symptoms arise. He can leave the final decision of consideration as injury to the nervous system centres, [illegible] para. If there is injury to the [illegible]

The effect of pressure on the
size of the vessels, so well known
to medical men, & the medulla oblongata,
which alone can in most regular
manner, unconditional, muscular forces.
This theory was confirmed by the ingenious
and experiments of Kussmaul and Tenner,
who produced convulsions by anæmia,
and then on again the color of the
brain without stopping the convulsions.
The loss of consciousness in epilepsy
may come from the hemispheres but
the convulsions come from the medulla
oblongata. Timan again in a series
of experiments found that he could
in an animal call the symptoms of
Eclampsia by cutting the spinal
cord, and applying a
The anatomy of the parts

physical experiments we find
the same cause - the medulla oblongata.
All that is needed to produce convulsion
is an exciting cause which may be
centric or excentric. The mechanism of
the nerve centres is on the nature
of the exciting cause. Any
irritation of the skin or sudden internal
stimulus to the nerves may give rise
to the convulsion. It is case has been
reported in which coma accompanied
fetus. The introduction of the hand
of the accoucheur for the purpose
of removing a [illegible] .
Our first duty in treatment is
to prevent the patient from injuring
herself during the spasm and then
to endeavor to prevent recurrence.
It is first necessary to have strong

and cold water, by pressing the palate
from rolling up of the lid. Alimentary
may be taken if the depression of
the lower jaw is the commencement
of the attack. A moistened hard
substance between the teeth to protect
the tongue; a good chew is the handle
of a teaspoon wrapped in a handkerchief
and held by an assistant. The
coming of the constitution depends
on the degree to which the circulation
of the cerebrum has advanced. If the
cerebrum is incompletely open and the
fermentation has been made out to be
fermentation, the symptoms may be
rapidly if the patient is coming on
slowly, so as to diminish intracranial
tension. The more rapid the
liquor amnii has been then

cause a fresh attack. The treatment is preventive and curative. All things that might in any way excite the patient should be removed. The diet should not be [illegible] at the cases of hereditary albuminuria has been found [illegible] the disease, the diet should be carefully regulated and iron administered. Hot baths and good sanitary arrangements must be ordered. Diuretics should not be employed unless absolutely necessary, as [illegible] urine [illegible]. There is no treatment in [illegible] such marked benefit as the use of [illegible] of [illegible] at the right time. The woman's face is congested and the veins [illegible] seem almost bursting with their load. Her [illegible] not [illegible] the life

[illegible] first. It is until after the [illegible] the [illegible] [illegible] [illegible] [illegible] the skin in the [illegible] [illegible] drawn off [illegible] [illegible] [illegible] blood. This alone has been known to help the attack or case, but if it does not do so, in ten hours [illegible] ten ounces more. If necessary fifty or sixty ounces of blood may be drawn off in a few hours. At first the blood will be thin and dark, but after a time will become bright in color and flow faster.

The theory of Traube & Rosenstein suggests this as a rational treatment, and though some hold that the fever is only relieved for a time, by an effusion into the pleura, and therefore it is the patient in a more

serious condition, the fact remains that many persons have been saved by judicious blood letting. Another method of accomplishing the same purpose as by venesection, is by placing on the cartilage, entirely of course, diminish the blood supply of the brain, which at the same time improving the quality of the blood. Strong purgatives should be given with a view to lessening vascular tension, taking care under no circumstances to use the old standard castor oil on the last, if the patient is conscious. [illegible] is comatose and unable to swallow a drop of castor oil, a quarter of a grain of strychnine may be placed on the tongue. [illegible] should be given to rouse the patient. If the coma accompanies with a collapse from [illegible]

[illegible] the [illegible] must have
been known to follow the neglect
of the precaution. Copland recommends
bruising the [illegible] on the
[illegible] of the [illegible], and soaking the
[illegible] and [illegible] with [illegible] water.
Modern science has its greatest triumph
in Eclampsia in the administration of
the vapor of chloroform. The object of
the treatment being to prevent the
convulsive action of the nervous centre,
which you have in regard, it should
be administered at the beginning of the
paroxysm and continued in [illegible]
as the convulsion is severe, to diminish
both the force and the frequency of
the paroxysms, and [illegible] to
allow the [illegible] of the [illegible] elements.
But something is needed [illegible]

[illegible] influence when the child has been discontinued. In the opinion of the author has been used most happily. Little gains may be given by enema and repeated in [illegible] hours. Professor Rupp says that "alcohol excites instead of [illegible] nervous system but similar stimulation has not required the stimulant. If these measures fail then will remains that most efficient remedy, morphia, which may be given hypodermically, and the patient then kept quiet indefinitely. But suppose all these remedies have failed and the child has not been delivered. If the os is dilated or dilatable we should at once apply forceps and deliver the child. Some authorities recommend that if head is above the [illegible]

fetal is never should be performed instead
of waiting the process. The risk is not
considerable and it would be useless
to attempt it if the membranes had
been ruptured for some length of
time and the uterus had contracted
on the child's body, because of the difficulty
we encounter and the dangers to which
it would lead if we attempt to
forcible dilatation of the os uteri by
the hand, especially if the os be rigid.
Bearing in mind that uterine contractions
cause risks in the uterus and
the convulsions may cause their existence
to excitement preparatory parturient
or on to the brain, we should be most
careful not to add another source
of irritation to our manual efforts,
for the purpose of bringing the child

of delivery, when impossible with the forceps, it would be better to perform craniotomy than version, as the chances are that the child is already dead, and even if alive the child's life must not be saved at the loss of the Mother's life. When the child has been removed from the uterus prompt general & local treatment, with chloral and bromide of potash to relieve nervous excitability, is indicated. Tyler Smith has given as the best rule for treatment in cases of eclampsia "It is a rule that treatment which seems least likely to prove a source of irritation to the Mother".

C. Brindley Gaither

Thesis

on

Valvular Disease of the Left Heart.

By

E. Loudon Gatti,
University of Maryland.

Baltimore, Maryland,

January 27,

1887.

Valvular Diseases of Left Heart.

— o —

General Consideration.—

By valvular diseases of the heart we mean some change in the cardiac valves, which prevents the proper closure of the cardiac orifices, thus allowing the blood to flow back in an abnormal direction, or which prevents the proper opening of the orifices thus offering more or less resistance to the onward flow of the blood.

The lesions are of two kinds, regurgitant and obstructive. A regurgitant lesion, also termed insufficiency, is

such condition of the valves as allows the blood to flow backwards, at mitral orifice during systole, at aortic orifice during diastole. An obstructive lesion, called also stenosis, is a condition of the valves, which offers more or less obstruction to the onward flow of the blood.

The murmur produced by this lesion at mitral orifice is presystolic, at aortic orifice, systolic. The order of relative frequency of these lesions is:
1. Mitral insufficiency; 2. Aortic stenosis; 3. Aortic insufficiency; 4. Mitral stenosis. The combinations of the lesions most frequent are: 1. Aortic obstruction and regurgitation; 2. Mitral obstruction and regurgitation; 3. Aortic obstruction

and mitral regurgitation; 4. Double valvular disease at both aortic and mitral orifices - producing four murmurs. Etiology. - In the young acute endocarditis the sequel to rheumatic fever is the most productive cause of mitral valvular disease. In the old, chronic endocarditis, atheromatous changes and gouty conditions are the most frequent causes, usually affecting aortic valves. Differential diagnosis can usually be made by attention to the symptoms and physical signs prominent in each individual lesion. Especial attention should be given to the rythm, point of maximum intensity and the area of diffusion of the murmurs heard in the different conditions. Symptoms common to these conditions at certain stages, are pulmonary congestion, general venous stasis and dropsical effusion. Treatment indicated in all is cardiac depression when hypertrophy is excessive, and cardiac support in conditions of dilatation.

I.

Mitral Regurgitation.

Regurgitation at the mitral orifice is the most common form of valvular disease, in a majority of cases the result of acute vegetative or interstitial endocarditis, and is due to a relaxed condition of the mitral valves which allows the blood to flow from the left ventricle back into the left auricle during cardiac systole.

Morbid Anatomy.—Thickenings, indurations, and shortening of the mitral valves are the most

[illegible] may [illegible] modify [illegible] ural disease, by diminishing [illegible] or more [illegible] [illegible] [illegible] condition of the [illegible] [illegible] [illegible]

[illegible] and [illegible] to [illegible] the [illegible] and the [illegible]. In the [illegible] of inflammation, the [illegible] may become adherent to the walls of the ventricle, or as a result of the [illegible] and [illegible] of the [illegible] disease, the [illegible] may not have [illegible] to the origin.

On the other hand the valves or chordæ tendineæ may be ruptured and thus allow the valves to be pushed back into the auricle during the cardiac systole, or the chordæ tendineæ may be lengthened and a similar result will

IV.

follow. The two blood vessels leading into the auricle & from the ventricle — the other from the lungs — give rise to dilatation of the left auricle, which sooner or later leads to thickening and hypertrophy of the left auricular walls.

Following these, the pulmonary veins & capillaries may undergo degeneration. Passive congestion of the lungs results from stagnation in a cardiac fatigue-al sequel.

Interference with the circulation from the lungs actually more or less the flow of the blood

from the right ventricle of the lungs; which must be in inspiratory dyspnœa, followed, yet a longer or shorter time, by dilatation. The final circulation is hastened by some cardiac degeneration, which arises as a sequel to deglutition metabolism of the heart walls. When this stage is reached the systemic circulation is to be traced in a condition similar to that of the lungs.

This will be seen in the inspiratory stress, the result of obstruction to emptying of the pulmonary veins; and in jaundice, due to the obstruction of bile ducts caused by

diseases of the organs which are accompanying the obstruction will cause passive hyperæmia of the intestines, congestion of the liver, and congestion of the kidneys.

If the obstruction to the return of blood will cause congestion of the lungs; in addition to the return of blood from the kidneys will cause renal congestion; and finally the obstruction to the return of blood from the systemic venous system will cause a leakage from the vessels and an accumulation of fluid in the areolar tissue and in the cavities;

beginning at the feet and extending upwards. In proportion these disturbances of circulation will induce derangement of the vegetative functions. Subsequently, ascites, hydrothorax, hydro-pericardium, and pulmonary œdema may develop.

The hypertrophied left auricle will force additional blood into the left ventricle, which will thus become hypertrophied, and will thus increase the force of the reflux current, so that during mental exertion and active physical exertion, pulmonary congestion, œdema, and cerebral

apoplexy are liable to occur.

Etiology.— It may occur at any age; but is especially liable to affect as a sequel to rheumatic endocarditis in the young.

Acute exudative and interstitial endocarditis of rheumatic origin is the primary cause of most changes that lead to mitral insufficiency.

It may be an attendant of extreme anemic conditions, and of degeneration of left ventricular walls. It may be secondary to aortic endocarditis by extension, or the result of the undiagnosed

[illegible] of the muscular or tendinous orifices, caused by excessive dilatation of left cavities, or of diseased conditions of the semilunar cartilages, or chordæ tendineæ, which will allow the flap of the valves to pass back beyond the plane of the orifice.

Symptoms.— In the early stages when hypertrophy is compensatory, in the right ventricle, there are few, if any rational symptoms that would lead one to suspect the existence of disease.

When compensation is upheaved by dilatation, there will be more or less dyspnœa,

accompanied by a short barking cough with an abundant expectoration of fatty sputa, not infrequently stained with blood; rarely accompanied by free haemoptysis.

The hæmoptysis is far more common in stenosis than in regurgitation. Active physical exertion brings on increased dyspnœa and cardiac palpitation.

In advanced cases the extremities, face, and lips become blue, and the liver enlarged and hard, which latter condition can be easily ascertained by percussion and palpation.

XI.

A sense of weight and fullness will exist in the right hypochondrium, and anorexia, nausea, and a sense of oppression will be felt in the epigastrium.

Interference with the biliary secretion may add jaundice to the dyspeptic condition, thus giving the skin a peculiar greenish tint.

Gastric and intestinal catarrh, and evidences of venous and renal circulation may be present.

Urine is diminished in quantity, high colored and loaded with lithates, and sometimes

albumen and fibrinous or blood casts are present in it.

Passive cerebral hyperaemia induced by obstruction in the superior vena cava, will cause headache, dizziness, vertigo, stupor, somnolence, and in some instances a peculiar form of delirium.

At a late stage dropsy is a prominent symptom, brought on by impairment of the general nutrition and abnormal pressure.

With this general anasarca the dyspnoea becomes extreme. The cavities and lungs become oedematous and erythema may occur in the region of the groin, the skin becoming

gangrenous — or exhibiting a tendency to diffuse gangrene. Pulse will be but slightly changed at the commencement, but later it becomes somewhat diminished in force and volume, irregular in rhythm and increased in frequency.

In a state of equilibrium it has a certain tumultuousness. The pulse may be rendered irregular in character with regurgitation by coincident mitral or aortic stenosis.

Physical signs. — Inspection. — The area of visible cardiac impulse extends over an enlarged space, and its distinctness will depend upon the amount of hypertrophy of right ventricle. In some cases the thoracic wall can be seen to rise and

fall with each cardiac systole, and epigastric pulsations appear as well as heart beat may be visible, and the jugular veins will be swollen.

In a few instances, in aggravated cases, a double impulse due to non-coincidence of contraction of the two ventricles is apparent.

Palpation.— Apex-beat displaced to the left During the predominance of hypertrophy, the apex beat is felt lower than normal, but when dilatation predominates, the apex-beat is carried outward, and slightly upward.

The impulse will be diffused, or more or less forcible according as the right or left ventricular hypertrophy

predominates. Pulse very systolic in rhythm, but most intensely at the apex, and becoming feebler as we pass from it, is evidently due to mitral regurgitation.

Percussion.— Dullness in mitral area of cardiac dullness, especially laterally, both to right and left of the normal line, as well as downward.

Auscultation.— A systolic murmur with point of maximum intensity at apex — usually soft and blowing, but rough in character in almost half the cases of this lesion. It either partially or completely displaces the first sound of the heart.

It is diffused to the left over

line corresponding to apex beat. Second sound of heart over pulmonary valves is frequently accentuated.

Stenosis and regurgitation occurring coincidently will give origin to both presystolic and systolic murmurs.

Differential diagnosis.— "If seat and extent of murmur and the area of diffusion are sufficient to distinguish it from other cardiac murmurs." The character of the pulmonary symptoms referred to right side of heart, and pulmonary complications aid materially in making the diagnosis.

Aortic obstruction is accompanied

by a systolic murmur that is loud of greatest intensity, and its area of diffusion would enable one to differentiate the two diseases.

The point of maximum intensity of aortic obstruction murmurs is at the right second costo sternal junction, and its intensity of murmurs diminishes toward the apex.

The murmur of mitral regurgitation is loudest at the apex beat and diminishes toward the base.

The aortic obstructive murmurs is conveyed into the vessels of the neck; that of mitral regurgitation to the left, in the direction of apex beat, and in a backward, downward

the fifth and sixth dorsal vertebrae at left of the spine; will say was by the same intensity as at the apex. In aortic stenosis the pulse is hard, firm and wiry, but regular; in mitral insufficiency there is irregularity of systolic force, and pulse are more compressible and easily increased in frequency.

Gastric, intestinal, renal, hepatic and bronchial complications are attendants of mitral regurgitation; the subjective symptoms of aortic stenosis are cerebral in character. The murmur of aortic stenosis is harsh, that of mitral insufficiency

is soft and sometimes musical in character. Mitral and tricuspid insufficiency both produce a systolic murmur, but the point of maximum intensity of mitral regurgitation is at the apex beat, and is conveyed toward the left axillary and scapular regions, while the maximum intensity of a tricuspid regurgitant murmur is to the right of the base of the Xiphoid cartilage and is transmitted upward and to the right; the area of transmission establishes the diagnosis.

Pulmonary symptoms are

XX.

tempment are mitral reflux and absent are tricuspid regurgitation.

The second sound heard over pulmonary area is markedly increased and tricuspid insufficiency and mitral intensified in mitral reflux.

Fibroid disease of the lung may produce a systolic apex murmur, but it is a pathological curiosity."

Roughening of articulatio mitralis may give rise to a murmur with its area of greatest intensity at base of heart and transmitted along the aortic arch and into the vessels which spring from it in

the thorax. Palpitation [illegible] heard at a distance and felt at the back is probably due to some other cause than mitral regurgitation.

Prognosis. — Uncomplicated by other valvular lesions is good.

Patient may live for years without experiencing any trouble right on making great exertion.

Compensation is more complete than in any other valvular disease.

If mitral regurgitation and stenosis exist coincidently the danger of sudden pulmonary complications warrant us in giving a guarded prognosis. Death may result from general anasarca, from serous effusions

into the pleuræ, peritoneum, or pericardium: from pulmonary œdema and congestion or from heart failure.

Aortic Stenosis.

This is a condition of the valves or aortic orifices which offers more or less resistance to the onward flow of the blood current from the ventricle into the aorta.

Pathological Changes.—Obstruction at the aortic orifice depends upon projection of the valves inward, and a thickened and rigid condition, or calcareous or atheromatous change, so that the valves are not forced back by the current of blood, but stand out

and offer more or less resistance to the onward flow. As the result of inflammation, the lateral surface of the orifice may become adherent leaving a reduced area for passage of blood, or fibrinous vegetations may project from the valves and thus offer more or less obstruction.

The roughened edges or rigid condition of the valves may prevent proper closure, and regurgitation will appear as a complication of the stenotic condition.

Etiology.— Does it occur in the old than in the young.

It may be the result of gouty diathesis, degenerative and atheroma-

atous changes in those of advanced age, endocarditis of rheumatic origin; or appears secondary to aortic or mitral regurgitation.

Symptoms. — The resistance offered to the blood current will bring on rapid hypertrophy of the ventricle.

The pulse is small, slow and wiry. Vertigo, syncope or slight epileptiform seizures occur as the result of insufficient supply of blood to the brain.

Anemia and a condition of general malnutrition will be present. As compensatory hypertrophy of left ventricle is replaced by dilatation, mitral insufficiency, with

its attendant symptoms, pulmonary congestion, dyspnoea, soft and feeble pulse, mitral regurgitant murmur, general venous stasis, and dropsical effusions supervene.

Physical Signs.— Inspection gives but little information till hypertrophy has occurred.

Palpation.— The cardiac impulse will be lower than normal in position, and strong while hypertrophy predominates, but weak when dilatation comes on.

Percussion.— The area of cardiac dullness will be increased vertically, the lateral dullness being but slightly affected.

Auscultation. — A sound harsh and rasping in quality, rumbling at times, replacing or associated with first sound, heard with greatest intensity at the junction of the second right costal cartilage with the sternum and carried along the vessels with the blood current, is a constant symptom of this lesion.

When stenosis is associated with more or less aortic regurgitation, a double sound occurs, having its area of maximum intensity at the base of the heart. This is the so called "seesaw" murmur.

Prognosis. — While hypertrophy is compensatory the result of aortic stenosis

is of little importance. When the compensation gives way to dilatation, the usual symptoms, pulmonary congestion, venous stasis and general anasarca with their usual signs will follow.

Aortic Regurgitation.

— o —

This is due to an abnormal condition of the aortic valves, in which they fail to prevent a reflux current from the aorta into the left ventricle during the cardiac diastole.

Pathological Anatomy.—

The segments of the valves will be found adherent to the aortic walls, or they may be

shrunken, or either can failing to close the orifice — Segments may be lacerated or perforated, or insufficiency may arise from a rigid condition of the valves, or from a failure to coapt caused by ragged borders, the result of serous effusion, aided by fibrinous deposits whipped from the blood by the abnormally roughened valves — Valvular deficiency is usually associated with narrowing of the orifices.

"Dilated hypertrophy" comes on early, hastened no doubt by the deficient nutrition of heart muscle present in this disease.

Symptoms. — The marked hypertrophy which supervenes in

early in this disease, causes possible cardiac action, headache, tinnitus aurium, congestion of face and eyes, pulsating vessels - small ones not before visible now become prominent.

Pulsations of retinal vessels may be seen by ophthalmoscope.

The "receding", or "water hammer" pulse is a marked symptom.

Angina Pectoris caused by the extreme cardiac anemia the result of this valvular insufficiency is often a prominent symptom.

Dyspnoea, cough, hepatic enlargement, renal congestion, scanty, albuminous urine, ascites and

dropsy, recur as regards the rupture of compensation.

If vital insufficiency is superadded, general venous stasis with all the attendant conditions will supervene, followed soon by death.

Physical Signs.— Inspection shows forcible cardiac impulse.

Palpation.— Compressing hand over apex area we get an abnormally strong, full cardiac impulse.

Percussion gives increased cardiac dullness, both transversely and vertically.

Auscultation.— On applying the ear to the chest the first sound

will be replaced by, or associated with a churning, rushing or blowing murmur of systolic, with its point of maximum intensity at junction of the sternum and the left fourth costal cartilage, carried downward, toward and below the apex.

Etiology.— Chronic endocarditis and atheromatous degeneration are the most common causes.

Prognosis.— So long as hypertrophy is compensatory quiet and active life may be led without increased danger.

Death frequently occurs suddenly as dilatation comes on, caused

either by rupture of heart walls, or by cardiac paralysis, owing to the muscular degeneration occurring in the cardiac walls as a result of the extreme cardiac anemia in this lesion.

Mitral Obstruction.

— o —

In this condition the normal flow of the blood is more or less obstructed at the auriculo-ventricular orifice.

Pathological Anatomy. Mitral stenosis is caused by deposits around the orifice, or the segments of the valves may be glued together at their margins, leaving a very small funnel-shaped opening, or vegetations

or the valves, or calcification rendering the valves stiff and rigid may produce more or less obstruction to the current of blood.

Causation. Acute rheumatic endocarditis is the most common cause. It may occur secondary to other valvular diseases, especially mitral regurgitation.

Symptoms.— The obstruction at the mitral orifice will cause hypertrophy of the left auricle, and the symptoms of stenosis will not be apparent until compensation is replaced by dilatation.

When this occurs, the pulse will be irregular, small and feeble,

dyspnoea, cough, and bronchorrhoea, due to bronchial congestion will appear as prominent symptoms.

The obstruction dams back the blood into the lungs and this causes resistance to the flow of the blood from the right ventricle, which causes dilatation of right side of heart, which will lead to general venous stasis, dropsy and death.

Inspection will give little or no information until hypertrophy occurs when a heaving impulse is observed over the left auricle. Palpation.— A feeble and irregular cardiac impulse is felt near the xiphoid appendix

when dilatation occurs. Percussion will show the cardiac dullness increased upward and to the left sound by hypertrophy of left auricle and also a diminished dullness at apex caused by the atrophy or shrinking of the left ventricle.

Auscultation.— There will be heard a blowing sound, sometimes rasping in quality, occurring immediately after the second sound of heart ceases, and just before the first sound begins.— hence the name presystolic murmur. It will be heard most distinctly in the mitral area, lessening in intensity toward the base.

If dilatation has occurred the cardiac sounds are all exaggerated.

Differential diagnosis of valvular diseases, may be made by attention to the quality, rythm, point of maximum intensity and area of diffusion of the murmurs attending them.

Prognosis.— Under favorable circumstances persons may live a long and comparatively active life with mitral stenosis.

As long as compensation lasts the evil effects will be at a minimum, but when dilatation comes on, pulmonary congestion, general anasarca, and death soon follow.

Treatment.— This is embraced under the three terms, rest, diet and regimen. There is no special treatment for the different vascular diseases except to treat attendant symptoms as they arise.

Rest, physical and mental, is most important; the appetites, emotions, and passions must be kept under perfect control.

A sedentary country life away from the excitement and noise of the city will best secure this result. The stomach should have all possible rest compatible with perfect nutrition.

Sugar, sweet vegetables, and animal fat must be sparingly used. Food should consist of nitrogenous albuminoid material, and should be given in such quantities as not to disturb the heart's action. Alcohol, strong tea and coffee should be sedulously avoided.

Straining at stools should be prevented by the daily administration of a mild laxative.

Extensive use of the voice in speaking or singing should be prohibited. Small doses of quinine and strychnia alternating with the administration of iron is useful in certain conditions. If there is anorexia, infusions of columbo or quassia may be given with the iron. In cases of extreme debility the tablet phosphates of iron, quinine and strychnia, or small doses of dilute sulphuric acid will frequently give good results.

Aconite in two or three gtt. doses or veratrum viride are indicated in cases of excessive hypertrophy. When compensation is replaced by dilatation the judicious use of digitalis should be invoked - 15 or 20 gtt. of

the tincture, or ½ ʒ.– 2 ʒ. of the infusion may be given. It is indicated in rapid, feeble, irregular pulse, to give strength and tone to the heart's action, and also gives more time for the blood to pass through the heart.

The urine will become abundant and anasarca will rapidly disappear. If digitalis loses its potency in this the aid of strophanthus.

Two to five drops of the tincture may be given. The importance of this valuable agent has been forcibly demonstrated by our much esteemed instructor in Practice of Medicine, Prof. Samuel Chew.

The case was that of a young girl, just in her teens, who was several times before the clinic in the early part of the session of '76 — '77.

Her modest bearing, gentle and kind [illegible], and patience under her great suffering, won for her the esteem and warmest sympathy of both teachers and pupils. When she first came before the class for the purpose of having the operation of tapping performed to relieve the great dyspnoea, which prevented her lying down at all, she showed an excessive ascitic condition.

Digitalis seemed to have lost its power, and its administration afforded no relief.

Prof. Chew, having in his possession a very small amount of the tincture of strophanthus, presented to him by Dr. Howard, who brought it from Edinburgh, the first ever in the city of Baltimore, determined to test its virtues. Under its use the patient experienced great relief. It was withdrawn

and she immediately grew worse. When it was again supplied to her the relief was marked. Again it was withdrawn and the patient became worse, and begged for more of the medicine. The supply of the remedy being exhausted, the patient rapidly sank, and a post mortem revealed hopelessly rigid and useless mitral valves, caused by calcification.

The dropsy may be promptly relieved by compound Jalap powder combined with calomel in sufficient quantity to produce prompt and free catharsis.

Squill, juniper, brown cream of tartar, and copaiba, have proved valuable diuretics in some cases of cardiac dropsy, as has a combination of digitalis and nitrous

either. When medication fails to give relief in cases of extreme dyspnoea, from dropsical effusion, resort to tapping.

For copious haemoptysis ergot may be administered hypodermically, or by the mouth. Leeches are sometimes useful applied over the praecordial region for relief of pain, as is belladonna plaster.

Hyoscyamus hydrochlorate of morphia and nitrite of amyl, are useful adjuncts for the same purpose. For severe pain in the heart muscles as the result of imperfect nutrition. General blood-letting by thinning the blood favors dropsical effusion and should be avoided. If an anodyne becomes necessary, morphia hypodermically administered is preferred to all others.

Valvular Disease of the Heart.

By

E. Gordon Gall.

University of Maryland.

January 27,

1887.

Acute Commercial Diseases.

Cary B. Gammons

225

Inflammation of the liver in its different forms is one of the most difficult maladies to diagnose. This, in the first place, because the liver is a most complex organ and any one of its parts may be involved without the others, and, in the second because the symptoms are, in many cases, not proportional in severity to the extent of the lesions to which they are due. Some inflammation of the liver occurs either, in the capsule of the liver: Glisson's capsule or in the tissue proper. I shall in this short paper treat only of the last. giving with a few considerations the history of a case which came under care while a student resident at the University of Maryland.

Acute Circumscribed Hepatitis

Morbid Anatomy.

This form of inflammation may occur in two ways. either as a

single large or small abscess or as a number of abscesses. In both cases the disease may run its course without the remainder of the liver being involved at all. As in all abscesses there will be a nidus from which the process starts. This may be of a red or pale yellow color with a loosened and softened zone of affected tissue around it. Suppuration usually comes on at an early period. Yellow clots will appear in the center of the lobules: their contents will soften: two or more lobules will run into each other and thus finally a considerable collection of pus be formed. This may in turn combine with another collection which has been formed in the immediate vicinity, and thus a large ~~collection~~ caving pus of pus be formed. At this stage there will be formed streaks of tissue

shrinking from side to side, and the walls wall of the cavity will be irregular. These shreds and irregularity may dissolved in the pus and the abscess become enclosed in a firm smooth dense wall, or the pus will burrow in different directions, making its way out in different directions. When the pus is encysted, it may become cheesy in character. Perforation may take place upward into the thorax; into the cavity of the abdomen, directly outward, or the pus may wander in different directions: into the stomach: duodenum or colon. Abscesses are usually deep seated and in the right lobe. In size they vary very much: one being recorded which was 5-3/4 inches in diameter. The metastatic abscesses will be usually small and multiple. Pus, in recent abscess is usually of a pale yellow color and inodorous of odor. They may become green

from the emptying of a bile duct into the cavity, and in very old abscesses of a pungent odor.

The hepatic vessels may be implicated by an extension of the inflammatory process to them. When the portal vein is inflamed it is generally a cause of abscesses rather than a result. Other organs will also be involved in the process secondarily. Thus in the gastro intestinal tract the mucous will usually be inflamed, and in our climate a general inflammation of the mucous is common.

Etiology

Abscess of the liver is much more common in hot climates than it is in temperate. Temperature has something to do with the occurrence of the disease. In many cases it is extremely difficult to find out what is the ultimate cause, but as a general rule the following classes will cover most cases.

(I) From the Ulceration processes which accompany severe dysentery
(II) Obstruction of the bile ducts.
(III) Metastatic Inflammation.
(IV) Contusions of the Liver.
Ulceration Processes of Dysentery.

That there is a relation as of cause & effect, in some cases is undoubtedly, but the manner of this connection is by no means clear. It has been observed in tropical countries that acute hepatitis occurs in many cases accompanied by dysentery. And some have even stated that the dysentery always comes first. The theory of cause is that the septic matter is absorbed by the blood in the ultimate branches of the portal vein, and by them conveyed to the liver, where being caught in the finer branches occasion, the inflammation

is set up. This is a very pretty theory and at first sight seems satisfactory. The objections to it however are very strong. Thus assuming more often follows or accompanies the attack than it precedes it, or again it may be entirely wanting throughout the whole period of the disease. Again if this theory were true and we are to believe in the absorption, it would be very difficult to explain why it is that ulceration of Peyer's Patches in typhoid fever does not cause the same sort of inflammation. Lastly and most important of all, it has not been shown that there is any connecting process in the ulceration in the roots of the portal vein. It is rather in some cases that an abscess might be started by an inflammation of an ultimate branch of the portal vein

The question then of inversion from intestinal ulceration due to dysentery must rest sub judice.

II Ulceration of the Bile Ducts

Besides this there comes a few cases especially when the concretions ulcerate through the bile ducts thus lighting up an inflammation which might extend directly to the pancreas. Of these three few cases of this sort have been reported, but these few settle beyond a question of doubt the possibility of this ulceration being a cause of abscess.

III Metastatic Inflammation.

This as resulting from an inflammation of the portal vein is easy to understand. In not a few cases on record the origin of the inflammation has been traced to a thrombus in one of the ultimate branches

This is shown in a case cited by Fournier in which hepatic abscess followed directly upon a contusion of the nipple for cancer. In such cases the source of infection is carried along by the portal system until it is arrested in some one of the finer branches. Here then the manner of infection is easy to understand. Important notes the large majority of metastatic abscesses come from a phlebitis of the system circulation at large, and here the explanation will by no means be so clear. The question is how the source of infection can pass through the capillaries of the lungs without being arrested there, whereas it is arrested when it comes to the liver. To explain this we must consider how pyaemic abscesses are formed in a good many cases.

The morbid material may not be a solid but a fluid which can pass through the finest capillaries until a congenial soil is reached for its development. When the lymph is injected through the system in consumption this is, in all probability the way. Another channel through the, in the system the injection is a mechanical arresting of the morbid material, whilst from the systemic circulation it is a question of cultivation in a soil peculiarly adapted to the reproduction of bacteria:

(IV) Contusion of the Lymph.

Here the cause is direct, immediate & easy of explanation. Often the result of trauma in any other part of the body, suppuration may be a sequel. The only wonder is that abscesses from such causes are not more common than they are.

The bone is not at all liable to traumatic inflammation unless the evidence in pointing sense.

Pus from bones of course will not include all cases for post some time we can not trace the trouble back to any assignable cause at all.

Symptoms.

In many cases the symptoms will be very obscure. Many patients have gone through life without knowing anything as to the presence of an abscess, unless after death a large collection of pus has been found. When such a state of things comes about it is nature's effort at a cure, and the contents will be found sometimes. The contents may even undergo cheesy consolidation. In the abscess may be so deep, situated as to be out of sight or sensation entirely.

until a section of the liver is made after death. In another class of cases the symptoms will be masked by those of some accompanying disease. Thus its presence may be concealed by severe dysentery or intermittent, or in a typical case will present somewhat the following history. Tenderness and pain in the right side, the liver feels hard and tense. It may or may not be somewhat enlarged. The enlargement may take place in different directions. Jaundice will sometimes be present. Fever is a pretty constant symptom and will alternate with rigors. Pulse increased in frequency. Tedious vomiting. Bowels more or less constipated. If the enlargement of the liver takes place upwards, respiration will be more or less interfered with, owing to the action of the diaphragm on the lungs.

one of the most constant symptoms of all is pain referred to the right shoulder. With an increase in the amount of pus all the symptoms will be aggravated. At this stage the skin will undergo absolutely in size, and if the abscess is near the surface a fluctuating tumor may be felt through the wall of the abdomen. From this point the most favorable result is for the abscess to become encysted and with this process cicatrization with its accompanying contraction will take place and the cavity will go become smaller. When death occurs it is usually from septic peritonitis accompanied by typhoid fever, or else in perforation takes place into the peritoneum from fecal peritonitis. When the pus makes its way in different-

lesions, the symptoms will vary as the parts through which perforation takes place. Thus when into the stomach we will have vomiting of pus. Or if into the lungs suppurative pneumonia accompanied by the expectoration of purulent pus.

Prognosis.

The prognosis is always gloomy even when the best result is secured recovery will be slow lasting a month or more years, and even then seldom complete. The digestive functions will be for a long time deranged partly from the deficient secretion of bile and partly from the prolonged illness upon the patient's health. The presence of multiple abscesses renders the prognosis especially bad, resulting in surgery case in death. Often the abscesses burst out and the average duration of the

recovery is about from and a half months. The most favorable condition associated with perforation is when the pus makes its way out through the abdominal wall: all conditions may set up, so as to assist the tendency to peritonitis. The complications which render the prognosis especially unfavorable are

1) Obstinate intestinal fever
2) The existence of dysentery.
3) Peritonitis
4) Perforation into the pericardium. Result is then always fatal
5) Perforation into the pleural cavity of the lungs.

Diagnosis

To arrive at a correct diagnosis one must consider the general history of the patient, and not from the consecutive symptom expression.

The diseases with which abscess of the liver may be confounded are

(1) Hydatid cysts. There will be much slower in growth accompanied by much less pain, and the motion will not be interfered with. And but of all the history will be different.

(2) Cancer

From this is differentiated by the history. In cancer progress will be much slower, and the temperature will seldom be high. Lastly all in cancer nodules can be felt by the finger

3. Perihepatitis

In this will have no enlargement of the liver, and no derangement of the digestive tract, whereas the disease is much more rapid.

(3) Pleurisy and Pneumonia.

Distinction has to be made from the past history and the symptoms.

Treatment.

Medicine should seldom be used and operation. In the first stage, when the tumor is small, operation [illegible] can be done. If blisters are used they will in many cases be of great benefit. Especially good when is the application of small or flying blisters. Again blood letting will be of benefit in this stage also, as draining the blood away from the affected part. This of course only in the first stage.

When the bowels are constipated, purgatives are indicated. The internal exhibition of bile will undoubtedly improve the condition of the liver. Opposite of this class Colomel is undoubtedly the best. Emetics also as influencing the circulation of the liver will be of use. The again being compound [illegible], the act of vomiting and

for this reason this rule should be restricted to the first stage of the disease. In all cases treatment must follow the individual indications meeting the symptoms as they arise remembering that when suppuration has taken place better leave it alone except the controlling of the complicating troubles.

Operation

Under this head there are two modes of procedure simple puncture with a trocar & canula and a drawing off of fluid, the opening closing up again or a free incision into the sac allowing the cyst wall to be drained. This latter in my mind is much the better way. Here we should try to cover all bruises before the final puncture is made into it the sac, and to do this the sac is cut down upon and before opening with the abscess the parts left for a few days.

Case.

John McGlenon aet. 41 years. in marine. Past history unimportant. Healthy. Twenty years ago had pneumonia from which he made a good recovery. As far as can be made out seem healthy. Two years ago Dec. 1884 he first felt a pain in his side, front & rear towards the spine, along with this he also had pain in his shoulder. This attack passed off in a short time only to be followed by others of equal severity. In June 1886. he entered the hospital. At that time complained of great pain description of it to be of a lancinating character with distinct intermissions. His temperature while it was seen was very high pulse generally showed some pus. About July 11th however it shot up from 100° to 103° another night day to 103.5°. This

put back to bed. Her convalescence from the anæsthetic he expressed himself as much relieved: all pain gone, sense and that might be kept well without the influence of an anodyne. After wards his appetite improved against food, and he broke as if he was well on the way to recovery. This was unfortunately not so. The stump, barely healed, began to suppurate in a few days. Clots, and a discharge of a large amount of serio purulent material commenced to flow out. Now, six months after the operation this discharge is kept up, and the patient is of course much cast down by the strain upon his system, and the prognosis is somewhat gloomy.

This case illustrates the extreme difficulty with which a diagnosis

The sudden rise was followed by a sudden fall to normal with a normal evacuation from his bowels. Before this he had been constantly complaining of pain and a bad taste about the size of a hen's egg was found just below the middle of the third rib on the right side. A doubtful diagnosis of abscess was made, and on July 25th an exploratory incision was made through into a liver. This was introduced into the liver. Through it came a slow flow of thick, yellow pus. So far as we put it to the pus, an opening was then made through the abdominal wall and a drainage tube introduced. A great quantity of yellow odorless pus came away, and after washing out the cavity the patient was

is carried out. He was a young man when
came into the hospital with none of
the regular symptoms of his real disease
but pain in the Right Hypochondrium &
some vomit was found. He had been
in specially healthy, moral and temperate
habits, nothing to recall to mind, except
that he was suffering from trouble
of the liver. His treatment then was
to meet the symptoms as they came.
His vomits were bad, to bowels were
given and to secure sleep at night
he was quite regularly given chloral.
The first thing which excited suspicion
was the sudden rise of temperature
on July 9th. This could have been
caused by the sudden formation of
pus. The pain in the side
is understood, but it could have
been due to a perforation into the
intestine with ~~perforation~~ adhesions

of this latter case the serious man
from one always as the one found
did not have any connection with
the phenomena. This case illustrates
especially well the slowness of recovery.
This person was affected upon six
months leave, and at this time there
is still a profound suppression of pus
from a sinus at least six inches long.

properly absorbed after digestion has been consummated, or the proper elimination not gone through with, then we have here a very common cause of stases in the digestive process; which is purely an act of preparation. In considering the causes of disordered digestion the first thing to be looked into, is the food itself. The required principles from which mans development & future are to be maintained, are contained in food derived from both the animal & vegetable kingdoms. The necessary ingredients for the support of life may be drawn from either, but considering mans varied & peculiar wants & the arrangement of his digestive apparatus it would seem proper that a mixed diet be the one chosen by nature for the proper nutriture of these processes. In considering the sorts of food necessary for the sustenance of man; we must not forget -

that climate & occupation are no inconsiderable factors in the quantity & quality necessary: for instance in South America it and a class of men who may be found in the saddle from morning until night, riding actively the most of the time; these men live on ice & a remarkably small quantity. As a general rule the inhabitants eat best in warm climates on a vegetable diet. Then we take the Esquimaux, the most northern of the American native tribes who reside above lat. 60° but they subsist almost exclusively on fish & animal oil; which they are enabled to eat raw owing to the coldness of the climate. Animal food such as they can extract from ice, is consumed by them. This diet furnishes the best combustive material upon which they can support life comfortably, here it is necessary for the amount of heat generated, to be-

— or 5 times greater than we could be able to procure from a vegetable diet. The proper diet for a person living in a temperate climate, is unquestionably a mixed one of which we have evidence every day. The diet given by Moleschott is generally looked upon as coming about as near the correct amt of life supporting principles, as is necessary for the health of the average man who takes a moderate amt of physical exercise, & lives in a temperate climate. For a person who leads a life of inactivity, the amt of food required, is very much less than for one actively employed. Fat persons require very little food, & have known them to go for hours without taking nourishment of any sort. In searching for the causes of indigestion, we must first go into the consideration of the digestive apparatus, & follow the food through its seven stages of digestion. 1st The food is taken

into the mouth, this is the act of prehension & is accomplished by the hands, teeth & lips. 2nd How the food is, or should be thoroughly triturated so as to afford proper surface for the action of the digestive fluids; this is accomplished by the teeth, & lower jaw brought into action by the contraction of certain muscles. The food is kept between the teeth by a muscle the intrinsic & extrinsic of tongue from within, & the orbicularis oris & buccinator from without; of the two latter the first is a sphincter, which surround the orifice of the mouth; the last a broad thin muscle, which occupies the interval between the jaw & side of the face. The way in which mastication is brought about, is by means of the trifacial & hypoglossal nerves. when food comes in contact with the mucous membrane of the mouth, the fact is conveyed to

the brain by the 5th pair of nerves. 3rd Reflex insalivation is meant the incorporation of the food with the secretions from the glands, found opening into the mouth by small ducts. The parotid is the largest of the three glands varying in weight from 1/2 to 1 ounce its secretion is of a thin watery consistency, gaining entrance into mouth through Stensons duct. The submaxillary is next in size its weight about 2 drams its secretion which is thick & viscid is discharged into the buccal cavity; through Whartons duct, this duct opens by a narrow orifice at the side of the frenum linguae.

The sublingual is and the smallest of these, rarely weighs more than one dram. Its secretion is poured into the mouth by numerous ducts, 8 to 20 in number, which

[illegible] on the mucous membrane on each side of the frenum linguae: there is also a tube formed by two more of the ducts which descend into the bottom of the [illegible] = [illegible]. The secretion from this gland is the submaxillary, a thick & viscid.

Saliva is a mixture of the secretions of the glands just described, it is a slightly turbid & [illegible] fluid of alkaline reaction, with red litmus paper. The amount secreted in 24 hours is usually less than three pounds. It is composed of water, organic & inorganic constituents. It is [illegible] in the process of digestion. [illegible] the [illegible] it may be swallowed [illegible] not on this question, we would be unable to [illegible] any food or other substance. The second function is a secretory one, due to the presence of a peculiar nitro-

[illegible] [illegible] as the organic [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible]
[illegible] by its presence. The [illegible] [illegible] of
a reflex nature having its centre in the medulla
the afferent is conveyed along the lingual nerve, the
efferent influence is carried, the hypoglossal.
Fourth stage [illegible] is deglutition, which is a wonder-
fully complicated act of muscular co-ordination, by
means of which the food is transferred from the
mouth to the stomach. It is divided into 3 stages — the
masticatory [illegible] the tongue, respiration is
suspended for a moment & the tongue elevated. By
these means the food is forced backwards into the fauces,
this is the voluntary stage. Next it is seized upon
by the palatine constrictors of the pharynx, the palate
becomes tense; the food is quickly forced into the
oesophagus. The food is prevented from entering
the posterior nares by the uvula & posterior pillars

[illegible]. The stage may be considered a reflex. Finally the bolus having reached the gullet or oesophagus the longitudinal & circular muscular fibres of same, strip the bolus into the stomach in a wave like [illegible]. During deglutition the mouth & the nostrils are closed by the opening into the larynx, as which the entrance of food during its passage into the larynx & pharynx would be fatal. The mouth the epiglottis is closed by, the epiglottis a flat, nearly cartilage shaped like a leaf & closed behind by the tongue. is drawn backwards & forwards, so as to completely cover the opening into the larynx. Fifth, the stomach is the chief organ of digestion. it is the most dilated part of the alimentary canal, having a capacity of 5 quts. Its left extremity is the cardiac or splenic end, about three inches from the

in the oesophagus which. The enlarged portion has received the name of the great tuberosity. It is in contact with the diaphragm, liver, & spleen. The lesser or upper end is much smaller than the spleen. It is in contact with the walls of the abdomen, & posterior surface of the liver. The stomach possesses 3 coats serous, muscular, & mucous, the latter being the one in which are found imbedded vast numbers of mucous & the gastric glands. The last mentioned glands are found in the cardiac end, & are the true gastric cells. The stomach serves for the solution & reduction of food by the gastric juice (chymification). Gastric juice is a clear colorless fluid of acid reaction. It is composed of water & about 2% of free hydrochloric acid, pepsin, & inorganic salts. The ferment of the juice is pepsin. It is to the presence of this in combination with hydrochloric

acid, that the secretion of the stomach [illegible] digestive [illegible]. [illegible] curdles milk without the presence of any acid; [illegible] Gastric digestion occupies from 3 to 5 hours, according to the amount of food taken, food & quantity. When food is taken into the stomach, digestion commences the pylorus closes, opening between the [illegible] of food, is divided by the walls of this receptacle, & [illegible] mixed with the gastric fluid, by means of its peristaltic action; & finally is expelled as described, through pylorus into small intestine. Third, intestinal digestion takes place in the small intestine. The chyme thoroughly incorporated with the bile, pancreatic fluid & other secretions, from glands found in mucous membrane

of the intestine, serve to accomplish the process. Here the various portions of food known as chyle are separated, and passed through the small intestine into the right side of the heart. Running down, in a short 20 feet long & averaging 2 inches diameter, lies the stomach in the left side. The pancreatic juice, secreted by the pancreas, is an important part in intestinal digestion. It acts upon starch & changes it into dextrine, which passes up into glucose, & its corresponding acid & also emulsifies fats, it also converts starch into double sugar. The ferments which accomplish these changes are ptyalin, steapsin & amylopsin. From the mouth, several chemical substances are poured, which give to the juices stored Bile

also assist in the emulsification of fats, it is of a deep orange red color, turning to greenish brown by decomposition of its coloring matter. It has an aromatic, yet a bitter taste. It acts as a stimulant as well as lubricator to liver & intestine.

The seventh & last stage, is that of defecation; at this point the digested food having given up its needed constituents to be taken into the blood by absorption, the residue passes into large intestine; which extends from the termination of the ileum to the anus. It is of large size at its caecal commencement, gradually becoming smaller, until it reaches the rectum; here just above the anus, we find a dilitation of [illegible]. The fæces are composed chiefly of such matters as are indigestible, the amount, [illegible]

in 24 hours, varying according to the quantity of food consumed & the activity of the secretions of the alimentary canal. The average amount passed, is about 6 oz., it varies from 2 to 10 oz; its color changes in health. The usual color is brown which becomes dark if long retained. Thelle pigments play the chief part in its color. This color is due to certain changes effected & substances formed during digestion in small intestine. The gases which give the excrement odor are sulphuretted hydrogen, & ammonia. Normally the fæces remain shut up in the rectum by the sphincter ani, when evacuation takes place this sphincter becomes relaxed, increased peristalsis occurs of lower bowel, assisted by abdominal muscles, the glottis is closed

during the stool. The increased peristalsis is reflex, occasioned by irritation of the intestinal ganglia, by the accumulated feces. The relaxation of the sphincter is brought about by the inhibition of the tonic centre in the lumbar enlargement of the spinal cord. This being brought about in a reflex manner by the rectum, or directly from the cerebral centres.

Having followed the [illegible] its indicated readings, & [illegible] I will now proceed, to take up as briefly as my ability will permit, the disorders of the alimentary canal. There is no malady in which the physician is so often consulted as dyspepsia. It is indispensable to a person desiring to practice medicine, to have

a proper training. A knowledge of the treatment of such functional disturbances as are to be met with in these cases. The disorders may usually be attributed to the food, or to the mechanical or chemical processes. Improper food is a very common source of unhealthy digestion, a knowledge of dietetics is necessary that we may direct the selection, and be sure of proper consumption. Indigestion from deficiencies of food is rare as compared with the number of cases resulting in overeating. Instances of this disorder are to be met with in cities where the ill paid & overworked people, especially women attempt to insist on a meat & tea diet. The excessive use of alcohol is a common cause of this trouble, diminishing the

epigastric or hepatic, often [illegible] along the track of the vomited. [illegible] is a second very common cause of dyspepsia. Dyspepsia occasionally takes the form of [illegible] accompanied by headache, constipation, pain, diarrhoea, urine high-colored. Skin eruptions are quite common in these cases. The treatment is chiefly dietetic, the selection being adapted to each case, as depends chiefly, the intestinal tract being stimulated to action by mild purgatives. Irregularity of meal hours, quite common, are well known causes of digestive disturbances. It is of the utmost importance that the meals be taken at regular intervals

time or during time [illegible],
not to interfere with the [illegible]
repair [illegible] in the tissues of the
organs of life is [illegible]. The patient should
be careful to take the simplest meal at
such a time, as is mentally & physically
unwise [illegible]. The blood then is not drawn
away from the digestive organs by other
exertions, the normal secretions not
being interfered with. Some persons
find difficulty in [illegible] at night
without first partaking of [illegible]
[illegible] This is I am inclined to believe
a habit, though when once acquired,
it seems to be unfortunate as a
necessity. A very common cause of
indigestion is the manner in which
food is cooked. The chief effect [illegible]

the preparation of food allows it to be cooked by; this is to impair the connection between, or rather allow the digestive juices to come in contact with the elements necessary for nutrition. A common process in cooking meat in America, is to fry it; thus prepared it is exceedingly hard to digest. The best way to dress meat is broiled, roasted, or boiled, as being easiest digested in these forms. In cooking vegetables containing starch, care should be taken to gelatinize this ingredient; by the means they are rendered digestible. Potatoes, when boiled are a primitive source of indigestion. Some food is best digested in an uncooked state, such as

[illegible] since [illegible] [illegible].

Ripe fruit is a necessary article in the diet of persons living in a warm climate, [illegible] There is nothing which so often causes disturbance in the digestive process as immature or stale fruit. Small fruit such as raspberries, straw-berries, & those which have tough skins are most indigestible. Food should not be either too hot, nor too cold: as it will occasion dyspepsia, though it be composed of the most digestible articles. The food taken into the stomach having been considered, we now turn to the causes of failure of the digestive apparatus & to their [illegible] ed characters & [illegible]. Under the head of mechanical

ed; there are two modes the food undergoes; one in which the form of it is changed by the teeth, & the other in which it is brought in contact with the fluids of the digestive tract. In the first process a good deal of teeth is indispensable for the proper trituration of food. It becomes necessary in many instances, for the physician to order the removal of loose or decayed teeth, by a dentist; & where the number is made is great, the substitution of artificial ones. The food must be reduced to a pulp, or mass, before the fluids necessary for its digestion, can be incorporated with it. It is necessary for health to eat slowly. This is a well known fact. Yet numbers of business men

will bolt their food, for fear of losing a few minutes, which they will in all probability waste in discussing coffee from the meal. The second, mechanical, process by means of which the food is exposed to the action of the digestive fluids: is as already explained due to the action of the muscles of the different parts of the tract concerned, from the lips, to the sphincter ani. Any state interfering with the proper action of these muscles, caused either by spasm or paralysis, will obstruct the action. Slow action of the muscles controlling the intestinal tract thus interfering with peristalsis: occasions constipation

which it is often met with in dyspepsia. If in place of this symptom, we have spasm of the bowels, what is commonly known as colic occurs, these two troubles may exist at same time. The failure of one or more of the digestive fluids to accomplish their work, in consequence of some failure in the quantity or quality secreted, is a cause of indigestion. We may form some idea, as to which of the fluids is affected, from the nature of the food taken. If starchy, & is not digested, the trouble will be below the pylorus, though the starches when subjected to the action of saliva are slightly changed. If fatty matter appears in the excrements, then the pancreatic

is with the liver, pancreas, stomach = more substance are due to deficiency of the normal secretion connected, pancreas or intestinal glands. The next known cause of these injuries, is nervous influence, as the effect of worry or excitement on the digestive process is well known. Another cause, is any interference with the blood supplied to these organs, as it is from this that the secretions are formed. The symptoms of dyspepsia are numerous some arising from special organs, & others from the system generally. Foul tongue, is one of the first looked for by the physician, & with this is usually associated offensive breath, the peculiar odor of garlic, is quite

common, the patient frequently not being aware of its presence. Gases set free by decomposition, cause this peculiarity of the breath, the antipuretic power of the fluids concerned in the digestive process being absent.

Deranged appetite comes next as a symptom of indigestion the patient may eat immoderately, or scarcely sufficient to sustain life. Eructations of gas hiccough & pyrosis are quite common. Heartburn & borborygmy are frequently noticed the cardialgia being due to [illegible] acids, formed in the stomach by fermentation; the rumbling noise heard is occasioned by gas moving, with fluid contents of stomach & bowels. Tympanites &

gastralgia headache, nausea with, or without vomiting often, indeed, themselves as symptoms in dyspepsia. constipation, & rarely diarrhea are also met with. The first thing to be done in the treatment of these diseases, is to find out the cause & apply such remedies as will remove it, or ease the symptoms. The abuse of alcohol & the indulgence in indigestible food must be prevented. Hygiene must be looked to. Irregular habits & the use of the tooth brush must be resorted to; exercise, especially, to those leading sedentary lives. Mechanical treatment is resorted to in catarrhal affections of the stomach when portions of fermenting, & partly digested food are retained. The organ is washed out

at intervals by means of the stomach pump. Drugs when judiciously prescribed yield often excellent results. When tonics are indicated, quinine, iron, strychnia or the simple vegetable bitters are useful. Emetics are of value, when the stomach is overloaded with undigested matter, however it is not advisable to make recent use of them. The administration of hydrochloric acid seems at times to assist digestion; it is invaluable in cases where the normal amount of this acid is not present, possessing to some interference with the microbic activity, by the mucous membrane of the stomach. The alkalies

are also useful. They stimulate the secretion of gastric juice, when taken before or during a meal. They are useful in correcting acidity when taken after meals, by neutralizing the acids.

Potassium bisulphate [illegible], it is most effective, when used to artificially digest milk, or other food when the stomach is unable to perform its work. Among the waters, Vichy mineral water & Epsom salts are useful; the acid best, when given in pure fresh juice. Tablets which have a special action are beneficial. Bismuth, bicarbonate soda, Oxalate cerium, & creosote are also standard remedies.

Thomas F. Gibbs

The Skin

Class of '87 — A. E. Gillard.

The skin is a very complex structure, covering the outer surface of the body, and forming a protection for the inner and more vital parts. In the skin we have the sense of touch, besides many other important functions; the skin is continuous with the internal lining membranes by several orifices, the nose mouth etc. There is no abrupt change from one into the other, but a gradual transition. The internal skin or mucous membrane is modified by the fact that it is not constantly exposed to the influence of the atmosphere. There is a close connection observed between these two structures and a sort of

sympathetic relation, shown by the fact that a derangement of one often gives rise to a disease in the other. It is a well established fact that drugs which act specially upon one, generally also acts upon the other, which is exemplified in the use of Arsenic in the treatment of skin diseases. This drug often sets up such an irritation upon the mucous membranes of the lungs, that its administration has to be checked. Two layers form the skin, the epidermis or scarf skin, and the cutis vera or true skin which contains nerves, blood vessels and glands, and differs from the epidermis in its structure and functions. The cutis vera or true skin is the sensitive skin and is made up of connective tissue, which is itself made

up of fibres interwoven and leaving spaces between which become filled with fat. It is this fat which gives the smoothness and softness to the surface, while its diminution gives rise to furrows and wrinkles which are so characteristic of old age. These wrinkles are always absent in the corpulent even if advanced in years. The deep layers of the skin form a soft and elastic cushion, which yields and allows motion to the upper layers, and thus prevents the liability of these parts to become injured by violence. The amount of fat accumulated in the sub-cutaneous cellular tissue, varies in different parts of the body and also in different persons. It is abundant over the stomach and

gluteal region, and scanty on the head and back of the hands. In obesity the fat is also found in great abundance in the internal parts and here gives rise to more inconvenience than it does when only subcutaneous, because it interferes with the functions of those organs upon which it impinges, as for example when it is deposited in unduly amount in the abdomen it presses upwards upon the heart and lungs and prevents their free functioning, and hence arises dyspnoea. There is a tendency in some constitutions to obesity, while in others it is hereditary, while in the majority of cases it is due to the mere habits of the individual. A man who sleeps a great deal, and exercises little

and is a great eater and drinks freely of fermented liquors, and also consumes much fatty food, or substances containing sugar and starch he will be especially prone to obesity. The prevention of obesity consists in exercise and in abstaining from fatty foods and sugar & starchy substances. The superficial layer of the Cutis Vera is composed of connective tissue also, but the fibres are more closely interwoven and consequently fat does not accumulate. It is a denser and more resisting structure than the subcutaneous cellular tissue. The upper surface is studded with elevations called papillae, containing a blood vessel and nerve. The epidermis takes on the impression of the papillae, and an

innumerable number of small lines curved in various directions, can be seen separated by very minute furrows. The papillae contain terminal nerve fibres and in these reside the sense of touch. The sensitive skin contains small muscles attached to the roots of the hairs, which under certain excitation undergo contraction & cause the hairs to become erect. This same action of these minute muscles when stimulated by cold gives the skin a rough appearance called cutis anserina or goose-flesh. The Epidermis or scarf skin is made up mainly of small epithelial scales, which are adherent and form a dense structure containing neither nerves, nor blood vessels. The scales of the upper layer are flattened

closely packed, and in some situations are horny in character in order to protect the deep sensitive parts, while the cells of the lower layer are arranged more loosely and have a vertical instead of a flat direction. The under surface of the scarf skin is marked by small depressions, into which the papillae of the sensitive skin fit like fingers into a glove. Although the two layers of the skin are closely united they are not inseparable. In a blister which is an accumulation of serum under the skin, it is not only the scarf skin that rises. When the blister is cut and the serum escapes, there is pain due to the exposure of air upon the upper

layer of the sensitive skin. Like the other parts of the body the scarf skin is continually undergoing change and decomposition. New scales are constantly being produced at the junction of the scarf skin with the sensitive skin, while the old scales are at the same time being thrown off from the surface. In health this takes place so gradually as to be imperceptibly noticed, while it is quite noticeable in cases where the skin is the seat of inflammation, and this condition we call desquamation as is well illustrated in the desquamation of the skin which follows Scarlet fever when the eruption has been well marked. It is also well illus-

tratio in dandruff of the scalp, which frequently occurs in impairment of the general health. The scarf-skin is composed chiefly of albumen, a substance which is readily acted upon by alkalies, and for this reason it is that soap dissolves and removes the superficial layers of the scarf skin, and also the particles of dirt which they have collected. Those persons possessing very sensitive skins should use soft water and preferably rain water with a warm temperature. The soap should be unirritating and should contain a large percent of glycerine. The irritation of the skin which sometimes follows the use of soap and water, is due, not to reg-

ular, and symmetrical, but to constant and excessive ablution. The body undergoing a constant change during life, the old tissues being replaced by new ones, the skin is designed in a large part to assist in the removal of effete matter from the system, and if cleanliness is not observed, the glands of the skin which are the channels of exit become occluded, the effete matter is retained and resorbed into the circulation and the general health necessarily becomes impaired. The color of different skins is due to minute pigment granules which lie imbedded in the cells of its deepest layer. In some persons these pigment granules are

entirely, absent and the result is a colorless skin, the person possessing it being an albino. This condition is seen at birth and remains throughout life, and its occurence cannot be accounted for. The dark color of the brunette is due to the darkness of the pigment granules, while in the negro the granules are entirely black. Some persons have brown patches on the body called moles, while others have an irregular distribution of the pigment, it being absent in some places, so that patches of colorless skin are surrounded by others of a darker hue, and the hair if implicated, will be white when it covers the colorless patch. This irregularity is known under

the name of vitiligo. Light and heat have an influence upon the deposit of the pigment granules in fact it is increased by anything increasing the amount of blood in the skin, as is shown in the brown color of the face and in the freckles which are often observed in the hot summer months. The nails are modified scarf skin, their horny appearance being due to the scales becoming harder and more thickly packed together. The root of the nail is embedded in a fold of the sensitive skin. The scarf skin is not continuous with it, but lies a little above the nail forming a narrow margin. The nail rests upon and is connected with a structure almost

identical with the sensitive skin; this is, converted into ridges parallel with each other, except at the back part where they radiate from the center of the root. On the surface of the nail is a semicircular whitish portion near the root which is caused by the fact that the ridges in this situation contain less blood supply. This part is called the lunula. The nail constantly increases in length due to the formation of new cells at its root which push it forward, and at the same time it becomes thicker. Its nutrition and growth are diminished in disease, the portion in disease being thinner than that in health; and hence a transverse hollow groove is seen upon the nail corresponding

with the time of the illness. It is stated that the thumb nail grows from the root to its free extremity in five months, and hence a transverse groove in the center would indicate that the person had been ill two and a half months before. The cutting of the nails is of great importance. The scissors should never be used except to pare the free edges when they have become too long or ragged. The upper surface of the nail should not be touched by the knife, but a nail brush should be used which is sufficient for cleanliness and does not impair the smoothness of the surface. The nails of the toes, are often the seat of disease due especially to tight shoes, while

ulceration is frequent beneath the nails and this is a painful affection under the name of Onychia. The ulceration is constantly irritated by the pressure of the nail upon it and it is thus often prevented from healing. The nitrate of lead is supposed to be a specific for this affection, but often nothing accomplishes a cure except the entire removal of the nail itself. The skin is provided with small depressions called hair-sacs from which the hair grows. At the base of each hair-sac is a little projection the papilla which is similar to the papillæ of the skin, and from this the hair is nourished and reproduced when the old hair falls out or is extracted.

as long as this papilla or hair bulb remains intact or undistroyed a new hair will always be reproduced and in the mere extraction of a hair we seldom destroy this papilla and hence, a new hair is produced and grows with more rapidity and is more rigorous because in the act of pulling out the hair we stimulate the hair bulb and as a consequence an increased amount of blood rushes to the parts, and nutrition is thus increased and causes a rapid growth of the hair. If we examine the hair under the microscope we can see that it is composed of small fibres packed closely together and that each is covered in by a cuticle

composed of square shaped cells, and many of the hairs — especially the white and coarse ones — are marked by a central line, called the medulla, which is analogous to the pith in the stems of plants, and which is also composed of cells. Scattered over the hair we find dark streaks and spots, composed chiefly of pigment, similar to what we find in the skin itself, and the color of the hair in different individuals depends upon the difference in tint of this pigment. In life at certain periods the hair is prone to vary in its color. It is almost always of a darker shade in the adult than in the child. This is due to the increased amount

and darkened hue of the pigment cells as old age is gradually reached. There are rare cases on record of the hair turning grey from mere fright and fear and sudden grief. This is said not to be caused by a change in the pigment granules but by a rapid accumulation of air bubbles in its interior, which hide and prevent the effect of the pigment granules. In health the hair after growing to a certain length drops out. This shedding of the hair is a slow process and consequently is not noticed as a deformity, while in diseases of certain character, it falls out so rapidly that the thinness is very noticeable. This always indi-

cases that the general health is below par. There are also instances in which the hair falls out in distinct patches, leaving round bald places. This is supposed by some to be due to a minute organism at the hair root which eats it away, while others maintain that it is caused by some alteration of the nerves of the affected part of the skin. The skin contains an innumerable number of little small sweat glands, and also oil glands which pour forth a sebaceous matter lubricating the hair. The sweat glands consist of little tubes whose walls are similar in construction to the layers of which the skin is composed. The orifices of the glands are oblique

because the little tubes in their passage through the scarf-skin have a spiral form; in the sensitive skin they lose this spiral form, but terminate in little coils of tubing in its deepest layers. The length of each tube is about a quarter of an inch, and the number of tubes in an adult is estimated at more than two millions, so that if placed end to end, they would reach a distance of ten miles. The Sweat is composed mostly of water, and about two pounds is excreted daily, and hence it is plain that its is harmful to check its exit by allowing the glands to become plugged up by lack of cleanliness. In health when one is quiet and

not active the skin is apparently dry, but the moisture is still being discharged as vapor and is called insensible perspiration. On the other hand when the circulation is hurried from activity on the part of the individual, and also on account of heat, or when the person is weak from exhaustion as in Pulmonary Phthisis, the glands secrete profusely and the skin becomes bathed in moisture and we term this sensible perspiration. The secretion of these glands as like all others is under the influence of the nervous system; so that in cases of sudden emotion as fear or fright we sweat profusely There is a sympathy between the skin

, and other secreting organs, so that when the skin is secreting freely the secreting organs internally are diminished and vice versa. The skin is also an organ of absorption. On this account a certain amount of relief from thirst can be obtained by the immersion of the body in water. Remedies applied to the skin as belladonna for local effects have been known to set up toxic symptoms due to its absorption. The scarf skin interferes materially with the absorption of drugs and hence when a speedy effect is desired the scarf skin is first removed by blistering a portion of it, and the remedy is placed on the denuded

surface of the sensitive skin where it is absorbed quite rapidly. The oil glands are distributed over the greater part of the skin and are more numerous in the hairy parts. The ducts of these glands are similar to the tubes of the sweat glands, but most of them open directly into the hair-sac. These glands secrete an oily fluid called sebum which bathes the skin and lubricates the hairs. This secretion often hardens & accumulates distending the glands and at the orifices dust particles collect and give rise to small black specks called comedons, which are sometimes, though incorrectly called flesh-worms. This irritating matter sets up an inflammation

and, gives rise to the disease called acne. The secretion from the glands may be excessive as to diffuse itself in under quantities over the skin, and is very apt, especially on the head, to dry up into yellowish scales, as often seen in infants, and is frequently mistaken for inflammation. This condition is called by unwitters milk crust and is only one of the many forms of the common disease known as Eczema.

Arthur E. Gillard
Feb. 1887.
Class of '87.

3 8 p.

Pneumonia.

Pneumonia is an acute inflammation involving the tissue of the lungs. It is a self-limited disease, terminating by crisis, it is different from other inflammatory affections. Catarrhal pneumonia differs from croupous pneumonia in the seat of the inflammation. Lobar pneumonia is a febrile affection accompanied by pain in one lung or lobe.

Causes. Exposure to cold and fatigue are the most frequent causes. Exciting causes are special fevers. It generally follows in a number of days a pneumonia, or other ki

the infirm in the cradle, as well as the aged: especially in the latter it often seems with a fatal effect. It is most prevalent in northern climates, from the cold to the sudden changes of the weather, being a hygrometric influence that tends to irritate the respiratory, circulatory and nervous attacks of pneumonia, etc. This disease appears to make its inroads, in our climate, most usually about the early spring, hence it is sometimes known as winter, pleurisy, pulmonary affections often are in the protection against accidents. It is more prevalent among

[illegible]

[illegible]

[illegible]

[illegible] Yellow Fever Simulations of the results.

Some years there seems to be a peculiar liability to attacks of certain types. In many cases the disease seems to develop spontaneously without any well defined cause, with many rises from some trivial cause, so from exposure or fatigue upon the chest [illegible] from which rarely extends beyond a simple bronchitis. Yellow fever is incapable of lobar pneumonia is ever caused by exposure to cold and cold [illegible]

[illegible] be a predisposition to it, or an in[illegible] [illegible] to [illegible] [illegible] [illegible] [illegible]. He also thinks a sufficient [illegible] [illegible] is one of the chief factors of [illegible].

Pathological Anatomy.

[illegible] of the [illegible] [illegible] [illegible] is usually [illegible] with the [illegible], broad [illegible] [illegible] [illegible]: [illegible]; [illegible] [illegible]; [illegible] [illegible]; [illegible] [illegible] [illegible] [illegible] [illegible] [illegible]; [illegible]; [illegible]; [illegible]; [illegible]; [illegible]; [illegible]; [illegible]; [illegible] [illegible]. [illegible] [illegible] [illegible] [illegible] [illegible]

[illegible] the stages of the complaint.

[illegible] the heart becomes increasingly [illegible] and remains the seat of [illegible] until a hardened [illegible], its specific gravity is increased, [illegible] of a piece [illegible] by [illegible] the [illegible] the point, but it [illegible] [illegible] [illegible]

[illegible] the [illegible] fluid [illegible]
[illegible] the [illegible] [illegible]
them, the fluid naturally becomes
[illegible] [illegible]
in and expanding outwards, there
[illegible] [illegible] [illegible] the
lung is now much heavier and larger
and is quite solid and sinks in water.
the color is a reddish-brown (brown
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] the lobes of the lung [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] four hours.
The third stage is characterized by

a continuance in operation of the
muscles, the weight and bulk are
increased, the fibre is more
firm and healthy, the color is changed
from reddish-brown to gray or yellowish
[illegible] If [illegible] the
be favorable the excretion is removed
gradually by absorption, which may take
place rapidly. But [illegible] the
[illegible] of the expectoration [illegible]
with the excretion is [illegible]
Cases are not rare in which the
[illegible] diseases [illegible] by expectoration."
[illegible] the [illegible] which
[illegible] inflammatory [illegible] more and
more [illegible] [illegible]
[illegible] transformation, the [illegible]

is the more common, in which the solid-
ified [illegible] [illegible] [illegible] [illegible]
[illegible], the contents [illegible] into the
[illegible] [illegible] the [illegible] [illegible] [illegible] fatty
degeneration rendering them capable
of being absorbed or expectorated, the
[illegible] of the lung [illegible] [illegible]
ed for a long time. Often fibrinous
transformation takes place [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible] [illegible]
sometimes degenerating into [illegible] [illegible]
forming small abscesses. A [illegible] [illegible]
[illegible] may be [illegible] [illegible] by the surrounding
[illegible] [illegible]. All [illegible] of the lung
are not alike liable to [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible] [illegible]

[illegible]

[illegible] are generally two [illegible]
[illegible]; in the [illegible] [illegible]
[illegible] of bronchial catarrh and general malaise. In other other mode
[illegible] in the initial symptom
[illegible] more severe than in any
other [illegible] cases malaise [illegible]
in the same time [illegible]
[illegible] especially in children
[illegible] the eyes [illegible]
[illegible] wherein m
[illegible] the [illegible] of [illegible]
[illegible] of the [illegible]
[illegible] [illegible]. During the
[illegible] the [illegible]

show some slight elevation of tem-
peature. The attack is apt to occur
during the night (Hunt).

Both the chest is very soon affected
[illegible] increase as the disease
progresses. The position of the pain
is as a rule in the right chest a little
below and external to the nipple
and covers some space thus differing
from pain in Pleurisy. Of pain the
sharp and lancinating, you may
[illegible] [illegible] in [illegible]
Pneumonia in the apex is often bright
but pain. Increase of respiration is
[illegible] in [illegible] than
in any other disease, but when pain
is present respiration is [illegible]

[illegible] is the necessary narrowing of the respiratory tracts to suffices for [illegible] flux and [illegible] [illegible] coming; appetite is [illegible], [illegible] [illegible] or perhaps attacks of vomiting may come during the first day. The skin is hot during the first day, or is covered with a warm perspiration. If the skin is relaxed, cool, and moist with a [illegible] pulse the condition is unfavorable.

[illegible] of eyes [illegible] white [illegible] the blood in the [illegible] of [illegible] themselves by the end of the second day (seen in [illegible] [illegible] [illegible] [illegible] may be entirely [illegible] [illegible]

[illegible] the sputum is [illegible] repeat [illegible] painful, and so frequently accompanied with expectoration, the bulk at first scanty, transparent and viscid, and about the time they turn adhere the characteristics. Viscid sputum, or deficiency of the disease; it also sometimes blood-[illegible] the sputum [illegible] a bright bright red the [illegible] dark hue and assumes the "prune juice" [illegible] is due to the presence of blood, the sputum becomes so viscid that it cannot be [illegible] from a vessel for some days expectoration [illegible] in the case of pneumonia of the apex of the lung.

The expectoration may be absent in children owing to its being swallowed [illegible] extremely acrid; this is a bad sign as it betokens great loss of strength. In subjects of chronic alcoholism the sputum is thick and [illegible] brown to assume the ill-omened prune juice color.

[illegible] is often attained in a few hours, it may range as high as 106°. There is a slight morning remission [illegible] [illegible] about three days, the [illegible] recovers its course well, but sister [illegible]

[illegible] until the [illegible].
The pulse varies from 80-120-Temp. rises it may rise as high as 140-160 per minute, a sudden rise of temperature [illegible] the [illegible] of a new lobe (Thirst).
The second stage [illegible] expiration still continue though [illegible] [illegible] disappears [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] symptoms should be noted improvement, if however the disease is going to be [illegible] [illegible] [illegible] [illegible] [illegible] [illegible]

more frequent. Scanty urine
should be, the secretion
rarely falls if the case is going
on to a favorable end. A sudden
rise of temperature about the
time is a most unfavorable symp-
tom, there may be a gradual de-
cline lasting for several days
this is one of the best indications of
a convalescence is to be closely ob-
served, an anxious expression, the
cheeks flushed, the headache and
pain of the disease of respiration
the complication is apt to occur upon the
left side in the case of the pneumonia.
During the decline a peculiar
appearance of the sweat, a defined

on the teeth near the margin of the gums, of a light brown or a reddish color (Hood).

Pneumonia affecting the apex of the lungs, or rarely applied to one side of the chest, it may be mild or violent and uncontrollable.

Fever is very apt to run into typhoid form when attended by excessive use of alcohol, and may be mistaken for typhoid fever or rheumatism. The pulmonary symptoms may be overlooked or neglected. The urine is scanty, and high colored, urea and uric acid are in excess, in some cases albumen and tube casts are often found.

death, with the exception of the tuberculous ones, there is every reasonable hope for convalescence.

Physical or dynamical signs

We may find some signs found in the field of or it is not always so. It will not be a sprite of being [illegible] respiration owing to the rest of the affected lung or rest with certain the time you may have rest or at the end of inspiration a fine crackling sound [illegible] to nothing a [illegible] the fine [illegible] to the affected side. Pleuritic [illegible] such as the stage may be abnormal one side expanding more than the other, in double pneumonia the [illegible] [illegible] the affected side. In the photo [illegible]

there will be an increase of vocal fremitus
in a slight degree at least of the affected
side, or between the affected side and the unaffected
side. or between the two in any case in
such, or may be heard after crying.
2. The second large inspiration shows
a far more marked increase upon the
affected side the vocal cords be small,
large, relax, the affected side becomes more
flexible is increased while you to not
have been increase you may expect
Pleuro-pneumonia. Pleuropneumonia
taking as the lung contains air
in large bronchial or tubes breathing
similar to blowing through a flute
the latter voice is very real healthy,
you may not be able to distinguish

words, but this not a sure diagnostic
[illegible]

If the thin edge the lung is also
solidified until resolution begins.
[illegible]
[illegible] longer than any other segment. Bronchial
[illegible] in an intermediate state. You
[illegible] the expiratory rale, louder and
coarser both in inspiration and expiration.
If some areas resolution takes place [illegible]
[illegible], that you may not [illegible] the rale
of the rale of bronchial inflammation [illegible]
[illegible] of [illegible]
[illegible], gradual [illegible]
If an [illegible] or [illegible] [illegible] you
will have coarse vocal and rales.

Weakened heart in pneumonia is a very serious affair; when it begins to go towards the latter case the prognosis is grave.

Diagnosis

Pleurisy will represent cases in early stage; this is the disease from which recovery is the most rapid; it may be confounded with pneumonia; recognition of pleurisy complete. Difficult is often in distinguishing for pneumonia. They are differentiated by the following points: the onset of pneumonia is sudden, ushered in by a rigor followed by high temperature, pain of pleurisy is better defined and localized, as a definite rub of one, the crepitant rale

followed by [illegible] the [illegible]
[illegible] fever [illegible]
[illegible] beginning [illegible] [illegible]
[illegible] chief [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible]

While in this hospital exist a very valuable recapitulation which will enable you to diagnosticate between it and pneumonia, the history of the case will enable you to see the difference between pneumonia and typhoid fever.

Cases terminating by death show also pneumonia passes through a number of stages with a variable duration for the first stage ranging from twenty-four to thirty-six hours. From a stage of congestion up to the time of crisis, which marks the beginning of the third stage. Sometimes the case goes only seven days, and the second stage may be wanting. In the fifth day (third) the patient will refuse any medicine, the second

of being involved, its complications,
and [illegible] of the [illegible]
of these be no exception, as the [illegible]
[illegible] by [illegible] [illegible]
[illegible] they [illegible] a [illegible]
termination, [illegible] in [illegible]
to the most unfavorable happiness in
[illegible] (Vide [illegible]) [illegible]
[illegible] the [illegible] and [illegible]
in pneumonia is [illegible] in the
disease for [illegible] complications
and after [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [

the disease, as it varies in different epidemics. It is difficult to [illegible] the physician is [illegible] until it has [illegible] [illegible] [illegible]

and delirium tremens, but even in these more acute recovery may take place. Symptoms that are in favourable proportion are to follow: fall in pulse frequency and force, of respiration, dissolution of life & face. Vomiting is featured by bloody and black stuff, not in vomit, but mixing between coats of solution and [illegible] constituting the typhoid state.

In the majority of cases death is caused by retention, or, rather, lack of [illegible] or, rather, the place of [illegible] is too [illegible] to complete recovery. It is [illegible] way to take into account [illegible] for [illegible] expected. Secondary [illegible] Te-

minute in infiltration: [illegible] pu-
pure: resolution or chronic [illegible]
nia. When it terminates in [illegible]
[illegible] solid or dilat[illegible] of the lung is
changed, the blood requires the [illegible]
[illegible] the spirits [illegible]
[illegible] and [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible]
undergo [illegible] [illegible] [illegible] and
the pleura [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
of the blood be [illegible] to [illegible]
[illegible] is often [illegible] [illegible]
chronic pneumonia in [illegible] [illegible]
[illegible] are [illegible] [illegible] [illegible]
[illegible] any pulmonary affection.

Treatment

There can be no one plan laid down to govern us in the treatment of pneumonia, we must be guided by the character of the disease, we must not interfere too actively with its normal [illegible] [illegible] that top of the [illegible] of the heart are [illegible] [illegible] [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

into the opposite error, and bleed too little." He believes that the mortality of pneumonia has increased in Philadelphia and elsewhere since blood letting has been so generally adopted and seems to [illegible] the great [illegible] cases of [illegible] which are [illegible] and [illegible] blood. Wood says no disease [illegible] of blood better than anew well [illegible] pneumonia. His theory is based upon much [illegible] [illegible] the lungs [illegible] through the lungs [illegible]

[illegible] of the lungs is already performing its duty but imperfectly, of course [illegible] the heart must [illegible] [illegible] [illegible]

employed but with restriction by [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] to the [illegible] [illegible] [illegible] [illegible]
of Castor Oil, perfect quiet must be enforced
for [illegible] days. Venesection [illegible]
[illegible] tablets may be given with a view
to [illegible] [illegible] of [illegible]. Opium being
[illegible] to allay pain [illegible] [illegible]. O'Leary
Smith recommends Venatrum Veratrum
[illegible] doses in [illegible] to [illegible]
[illegible] in which [illegible] [illegible] [illegible] sufficiently
[illegible]. Prof. Owen says, [illegible] from the [illegible]
flow of blood setting [illegible] [illegible] of [illegible]
[illegible] [illegible] [illegible]. The [illegible] [illegible]
flow of the [illegible]. Of course in the first
[illegible] [illegible] may be done in [illegible] [illegible]

[illegible] the [illegible] of [illegible] [illegible] [illegible]

[illegible] of [illegible] in the
[illegible] I [illegible] [illegible]
especially when we have so many [illegible]
[illegible] that [illegible] at the [illegible] well.
In the second stage [illegible] of all [illegible]
should be banished as there are already congestion
and overdistension of the veins. During
this stage the temperature is high [illegible]
[illegible] of [illegible] [illegible]
[illegible] with [illegible] [illegible]
[illegible] in the form of the [illegible] [illegible]
[illegible] mode of application to the affected
[illegible] sufficient irritation is produced
[illegible] [illegible] [illegible] It is the [illegible]
at Bellevue Hospital to cover the chest with an
[illegible] [illegible] [illegible] [illegible] [illegible]
[illegible] from the comfort [illegible] [illegible] [illegible]

[illegible] of a fractious [illegible] [illegible]
of these cases not [illegible] opium good in these
cases unless there be sound reason to not give it
to narcotism. Its use is indicated [illegible]
[illegible] [illegible] [illegible] constitutional disturbances. Tinctures [illegible]
[illegible] [illegible] are useful unless the [illegible]
is very high. Tinctures in small doses or Ex-
[illegible] are useful if the [illegible]
[illegible] restoration. Other [illegible] must [illegible]
healed. Alcohol must be [illegible]
It is very important to sustain the [illegible]
life in this stage. Do not [illegible]
[illegible] results [illegible]
the constitution of the patient [illegible]
[illegible] are all to be [illegible]
[illegible] to be [illegible] to [illegible] the [illegible]

[illegible]

[illegible] stage. In stage of the heart so
[illegible] of the [illegible] [illegible] [illegible]
potential but cardiac sedatives are to be
avoided at this stage if there is much
depression. Alcoholic stimulants must
be given continuously; but in the hour
of crisis arrives must be given [illegible]
by the use of Alkalies [illegible] [illegible]
as they render the fibrin of the blood less
coagulable, the dilution of blood [illegible]
[illegible] in Alkali medicines is very good.
[illegible] the third stage [illegible]
collapse you may be forced to use [illegible]
[illegible] combining it
with alcohol to destroy its nervine effect.
Chloroform may also be used as in a
[illegible] sedative. [illegible]

into [illegible] XX in [illegible] is
in selection IX in the [illegible];
the first line [illegible]

Introduction [illegible]
the upper [illegible] the
interior [illegible] 20 [illegible]
the [illegible] [illegible] 5 [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] the first, the [illegible]
[illegible] [illegible] [illegible]

[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]

Thesis of
Archie C. Harrison.
Subject
Aqueous Humor —

208.

Inguinal Hernia

Anatomy of parts concerned.

It consists chiefly of a description of certain points connected with the three broad muscles of the abdomen. In the lower inner part of the aponeurosis of the external oblique muscle of the abdomen, about one inch external to the median line, is situated the external abdominal ring; which is formed by a divergence of the fibers of the aponeurosis of external oblique.

The ring is triangular in outline, with its base downward & inward, being just at the crest of pubes, its apex,

upward & outward: so that the opening is oblique in correspondence with the direction of the fibers of the aponeurosis. The edges of the aponeurosis forming the sides of the ring, are known as the columns, or pillars;— external & internal respectively. The external is continuous with poupart's ligament internally, while the internal interlaces with its fellow of the opposite side, just over the front of the pubis. Crossing transversely the open of the ring & obscuring some one half of its extent are

some curved fibers, called inter columnar fibers; occupying in the inner extent of the ring, including the above named fibers, is a thin, filmy membrane known as the infundibuliform, or external spermatic fascia. Lying internal to the external oblique, is the internal oblique muscle, & internal to the latter is the transversalis; which is the most internal muscular structure of the anterior abdominal wall. The parts of these muscles concerned in the anatomy of Hernia are their

common origin from pubo-pubic ligament & their common insertion into the pectineal line & crest of pubes. They are fleshy from outer 2/3 of pubo-pubic ligament, the origin of the internal being rather more extensive. The two muscles blend almost into one here, curving upward & inward, leaving an arched interval between their lower border & pubo-pubic ligament, then curving downward & inward to be inserted tendinous, as above stated. As long as the muscles remain fleshy, they form the

conjoined arch; while their lindonous portion is called their conjoined tendon. This conjoined tendon descends just behind the external abdominal ring. Now the anterior abdominal wall may be seen to be formed of the following structures; integument, superficial & deep layers of superficial fascia, external & internal oblique & transversalis muscles, transversalis fascia, & parietal layer of peritoneum. Hence there may be observed two weak points in this wall, viz; where our muscular st

nelion is deficient by the ex
istence of the external ring
in the External oblique muscle,
& where two muscular structures
are wanting, owing to the up
ward arch of the internal obli
que & transversalis. Now from
this it may be seen that nothing
intervenes between the opening
of the External oblique & the
transversalis fascia.
Just behind the external abut
ment of the conjoined arch is
the internal abdominal ring.
On laying open the abdomen
& removing its anterior wall, no
appearance of this ring is observed,

as the parietal layer of the sheath passes over it & obscures the ring. But if the peritoneum be removed, the ring can be clearly seen as a foramen in the transversalis fascia.
That portion of the sac traversed by the testicle in its descent, lying between the external & dominal ring internally, & the internal ring externally, is known as the inguinal canal; which in the adult is from 1½ to 2 inches in length. Its course from the internal ring is downward & inward. It is bounded infront by the aponeurosis of the exter-

nal oblique muscle, below by Poupart's ligament, above is the conjoined arch, behind for its outer ½ is the transversalis fascia, its inner ½ the conjoined tendon.

Descent of Testicle.

The second subject for consideration connected with inguinal hernia is the effect produced by the fact that the testicles are developed in the abdominal cavity, & are found in the scrotum only about the eighth month after conception, having reached their final destination

by making their way through the anterior abdominal wall. Each testicle, in the foetus, is situated at the lower margin & a little infront of the kidney, & has extending from it to the bottom of the scrotum a small tractile cord containing muscular fibres & called the Gubernaculum testis. It is through the constant contraction of this cord that the descent of the testicle is produced. Now as it must make its way through the abdominal wall it naturally seeks the weakest point, which, as has been stated is the space

between the conjoined arch & Poupart's ligament. That is, it follows the canal occupied by the gubernaculum testis; which canal must exist, in its entirety, before the descent of the testicle. The testicle does not descend untill it strikes the parietal layer of peritoneum & then drives before it this layer of peritoneum & the transversalis fascia & thus obtain these structures as coverings. To describe the manner in which the testicle gains the scrotum, requires first a description of the structures which go to make up the spermatic

canal & its coverings.
To begin. All the structures met with from the integument to the cord, save the peritoneum, were there before & not brought down by the testicle. Now it can be seen that we have from without inward; the integument, superficial & deep layers of superficial fascia, the cremaster muscle, which hangs in festoons or loops, & which does not originate by the dragging off of some of the fibers of the internal oblique, but exists there from its beginning, or nearly so, just as any other muscular structure in

the body; the infundibuliform fascia, which is not a continuation of the the transversalis fascia, but a separate & distinct structure, attached around the margins of the internal abdominal ring which may be considered as a [illegible] in the transversalis fascia. From this it may be seen that the testicle which, in the foetus, lies at the lower edge of the kidney, having the peritoneum passing over its anterior surface, being thus attached (in the same manner as the descending colon) has nothing to obstruct its route to the scrotum, unless

it be that the canal prepared for its journey, may hug it rather closely, & this could not be called an obstruction, strictly speaking. It is drawn down behind the peritoneum, through the inguinal & spermatic canals to the bottom of the scrotum, by the gubernaculum Testis & follows the canal previously occupied by it. Hence it may be seen that the organ can draw no structure before it, but drags after it those which were attached to it while it was at the lower border of kidney; viz, arteries, nerves, veins ducts & peritoneum

The above named structures form the spermatic cord. Of course that portion of the canal occupied by the cord is large & patulous after the descent of testicle, but the condition of affairs does not exist for any length of time, as the peritoneum from the internal ring [illegible] and sig to the scrotum shrinks to the size of the cord. That portion which lies in the scrotum remains active & forms the serous sac of the scrotum, called the tunica vaginalis. This would add one more structure between the cord & integument

It now remains to describe the various forms of hernia which may be encountered; of which there are three — viz., Congenital, Indirect & Direct

Congenital Hernia.

Occasionally it happens that instead of the peritoneum shrinking to the cord as above stated, it remains patulous; leaving the canal open through its whole length & communicating directly with the abdominal cavity. Now should a muscle of gut insinuate itself into the canal, it

forms what is known as congenital hernia. It follows the same route pursued by the testicle from thence down & has the same coats; but it is really in the sac brought down by the testicle, while the cord is on the outside. Thus making a layer of peritoneum between the gut & the cord — Under these circumstances only one layer of peritoneum would require division in operating.

Indirect Inguinal Hernia occurs after the peritoneum

has contracted to the cord &
the canal has assumed its
normal proportions & relations.
The most usual cause is
some violent muscular
effort, during which a nuc
kle of gut is forced against
the peritoneum which lies
over the internal abdominal
ring. Pushing this before it,
it dilates the ring & renders the
tube formed by the infun
dibuliform process. The
peritoneum which it now
drives before it, forms the
hernial sac. It continues
its course through the inqu

inal canal emerging from the external ring enters the scrotum. Its relations to the spermatic cord is anterior throughout its entire course. Its coverings will be the same as the cord & but one layer of peritoneum would be quite sufficient in operating.

Direct Inguinal Hernia

This form of hernia has nothing to do with the internal ring or the inguinal canal. It results from the same causes as the preceding except that

they differ in that in the latter case the gut passes directly through the anterior abdominal wall emerging from the external ring. In order to accomplish this, the gut drives before it the peritoneum, fascia transversalis, conjoined tendon, & skin, into the branch of the intercolumna fascia. The coverings of this are, from within outward (1) peritoneum, (2) transversalis fascia (3) conjoined tendon & from here out the same as all other forms. Sometimes instead of carrying the

conjoined tendon along with it, it splits it. In such cases of course the screening will be harsh.

It was my intention to add a treatise this description, but as it has already grown too lengthy, I shall close

Respfly. &c.

Archie C. Harrison.

Lieutenant Colonel Fenn

N. B. Hamilton — N. C.

Feb. 5th 1912

intermittent fever is one form
of malarial fever — or is characterized
by the [illegible] succession
of [illegible] stages — the
occurrence in certain regions
[illegible] the [illegible]
and by its [illegible]

The direct cause is malaria which
is produced by certain conditions
of the earth and atmosphere
in certain regions. This condition
is mostly found in the tropics of
the South and West. Especially
when the [illegible]
are flow [illegible] & then and followed
by hot sunshine — dam and
marshes thrown up on the banks
of [illegible] streams [illegible]

[illegible] has been known the in-
certain miasmatic produce
[illegible]

[illegible] the fever, on account
there being certain vegetable
[illegible] about the brain. Certain
[illegible] which are not [illegible]
to another province - we know
[illegible] the expiration. The [illegible]
[illegible] in [illegible] on
the soil. Swamps drained and
cultivated clear & improved the
brain estimation. Places [illegible]
the wind blows from the malarious
[illegible] place is a great [illegible]
[illegible] the brain [illegible]
[illegible] considerable [illegible] [illegible]

[illegible]

[illegible] the [illegible] [illegible]

[illegible] [illegible] [illegible] [illegible] [illegible]

[illegible] that the [illegible] is [illegible] [illegible]

the term. The [illegible] [illegible]

[illegible] Therefore the water [illegible]

[illegible] [illegible] the [illegible]

[illegible] [illegible] [illegible]

[illegible] The [illegible] [illegible]

[illegible] the [illegible] [illegible] [illegible] [illegible]

power is said to be excellent in the cooked

[illegible] [illegible] [illegible] [illegible]

between the dwellings & the place the poison

is brought is an excellent [illegible] thing in

preventing the seizure - [illegible] the [illegible]

[illegible] principle. - One eye as [illegible]

[illegible] [illegible] [illegible] [illegible] [illegible]

[illegible] [illegible] [illegible] [illegible]

[illegible]

intensity

the organs

Color – the

the liver

pain in the spleen

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible] - subjective

[illegible]

[illegible] lessening of the breathing. [illegible]

(ob) instead of being very cold he is very

[illegible] the extremes [illegible]

[illegible] pinches

[illegible] - blue finger tips and lips disappear

the pulse becomes stronger and fuller. the pain

[illegible]

The headache increases. The pulse becomes

very strong - the respiration becomes easy.

[illegible] & his [illegible] after the seizure [illegible] is complete [illegible]

[illegible] right sensation & [illegible] of [illegible] hypochondriac.

The attacks are very [illegible] first stage may be slight & the other [illegible] or the fever decided & the chill very [illegible] There may be [illegible] three stages, sixth. The duration of the paroxysm depends on the type. The [illegible] from six to eight hours. This duration may be [illegible] if no treatment be instituted, the paroxysm [illegible] come a little sooner in every succeeding attack. On the other hand if the proper treatment [illegible]

[illegible]

[illegible]

[illegible]

[illegible] upon May [illegible]
[illegible] from [illegible]
[illegible] from 10 [illegible]
[illegible]. The [illegible] temperature
intermittent fever 100-101° [illegible] very
important. [illegible]
[illegible] treatment – if at the beginning there [illegible]
[illegible] vomiting [illegible] and [illegible] a [illegible]
[illegible] [illegible] 5-XI [illegible]
[illegible] the patient has [illegible] [illegible]
[illegible]. The [illegible] [illegible] not a [illegible]
[illegible] be gotten rid of – that there [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [

[illegible]

[illegible] Opium [illegible]

[illegible] make the [illegible] stage [illegible]

[illegible] of [illegible] [illegible]

[illegible] for either stage whatever the [illegible]

[illegible] allows the [illegible] of [illegible] the [illegible]

[illegible] on the same principle that it does in [illegible]

[illegible], it allows him to pass on to the [illegible] stage

with more ease. If [illegible] stage [illegible]

[illegible] nothing. Since [illegible] [illegible] of there is

much vomiting to be [illegible] for the purpose

of effervescing draughts [illegible] a [illegible]

over stomach — or mayhap [illegible] this [illegible]

The important time for treatment is in the intermission

bring the patient as rapidly under the influence of

Quinine as possible, let the fever work out

[illegible] as possible. If you stop it after the first

[illegible] [illegible] [illegible] week [illegible]

[illegible] on the harder side is to cure to say
nothing of the suffering of the patient. [illegible]
[illegible] higher [illegible] of [illegible]
[illegible] for [illegible] everything, but the poor female, in
the given case does all [illegible] [illegible] by [illegible]
[illegible] upon the [illegible] [illegible]
the system at one time. For example, [illegible]
the vomiting stage is beginning [illegible]
[illegible], which will often at [illegible] [illegible] [illegible]
But to be [illegible] the safe side [illegible]
[illegible] the [illegible] [illegible]
[illegible] the next opinate [illegible] [illegible]
[illegible] prevent it [illegible]. [illegible]
[illegible] nothing [illegible] in the most [illegible]
[illegible] and the [illegible] [illegible]
[illegible], then you may give it [illegible] [illegible].
Much depends on these [illegible] [illegible]
[illegible] and [illegible] the [illegible] material they may [illegible]

[illegible] & not the [illegible] [illegible]
[illegible] long time after being made [illegible]
[illegible] [illegible] [illegible]
[illegible] properly made all in same way
[illegible] in their use. [illegible] [illegible]
[illegible] present the undeveloped [illegible] and [illegible]
of in the intermission [illegible]
and can't take it by the stomach [illegible]
practice to give it hypodermically [illegible]
if he has had a pernicious [illegible]
if they get through the first they [illegible]
i.e. if the second attack of pernicious fever [illegible]
then is the least suspicion of the pernicious fever
[illegible] them as [illegible] as possible. The [illegible]
[illegible] effect is most marked [illegible]
way. When given hypodermically gr. ½ [illegible]
equal to gr. xij by the stomach, the best preparation
for the mouth is a mixture [illegible]

[illegible] frequently [illegible] that the weather
[illegible] that it [illegible] [illegible] [illegible]
[illegible] [illegible] it may not [illegible] [illegible]
[illegible] [illegible] the safe side [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [

purge of blue mass, podophyllin &c. This acts upon
end of alimentary canal & relieves the liver.
liver is congested, the purge relieves the congestion, stat-
of the duodenum & thus opens the common
duct & relieves the liver. There are a few
cases who cant take quinine - idiosyncrasy -
here you must employ a substitute. Sometime
quinine when used for a long time seems to lose
its effects. We use as substitute cinchonine -
tia. Not as strong as quinia - "Faut 4/5 as
strong. Cinchonia is sometimes employed, but is apt
to offend stomach. Eucalyptus may be employed
XXV ~~XXX~~ H. 4 d. Quassia, alcohol. Resorcin may
be used gr V - X t.i.d. Near Thermopylae the antithesis
by chronic cases the paroxysms are not so severe
but persistent. The best thing here is arsenic. Hy
is not as well a tonic; bad case as quinia "and
for the cases in large enough dose to break

up the paroxysms - weight poison the patient.
But in the chronic it is [illegible] may use
Fowler's solution & or may use the arsenic &
iron in the proper dose. The proper treatment
for the malarial cachexia, that is pale lean
sensitive & dull, the person lives & goes out of
the malarious region - lots mountain
ever places where there is no malaria. Often
in these cases you will find enlarged spleen &
hard to touch, it will generally yield to the
combination of iron, arsenic & quinine
combined - see them alternate, from the
two to four at same time - If treatment
will mostly but not always cure this condition - the
local use of Benzoin & [illegible] may be used every
day or two for this large spleen, at any rate
give quinine, arsenic & iron. The masked intermittents, in which there is no regular paroxysm.

but have periodic neuralgia, (mostly if frontal branch of 5th nerve) sciatica - may have pain in occurrence of haematuria. Hearing disorders were "cured" by prompt administration of Quinia -

For the burning sensation caused by the turpentine use a few drops of Liquor Formi rubri

13 p.

Pneumonia.

Pneumonia is a real inflammation involving the parenchyma of the lungs. The question arises what is the structure of the lungs? It means the lobules of the lung tissue itself. These are composed of air cells, alveoli, air ducts and bronchioli. Hence we see it is a disease of the lung tissue. There are several forms of pneumonia, by structure or function, or after, Catarrhal or Lobular. The lower lobes may go on the partial of the lung and a lobular pneumonia is confined to a lobule. Lobular pneumonia may affect the whole of the lungs. The disease is small and acute or chronic or typhoid fever.

[illegible]

Time and impression made by the

[illegible]

[illegible] nut work tissue.

[illegible] work the first stage

[illegible] long process

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible] fall [illegible] [illegible] [illegible]

The two cells are derived chiefly
from the wandering white corpuscles by multiplication and division
[illegible]. The rapid formation of pus
cells [illegible] generally [illegible] to
generation changes the red to the
gray hepatization. The inflam-
mation may proceed further or into
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] of
the pneumonia is in the lower
lobe of right lung, next the
lower lobe of the left etc
Symptoms. There are two onsets.
In the less frequent there has
been a day or two of bronchial
catarrh and general malaise when
some challenger is experienced [illegible]
[illegible] in the side [illegible]

on. The exhaustion w[illegible]
h[illegible] [illegible] characteristic.
Auscultory or Physical signs more
important. On auscultation you
find sometimes respiration quick and
feeble and a peculiar friction sound
later a form of [illegible]

[illegible] local

dullness is absent. Crepitant and sub crepitant rale is found in the stage. [illegible] at present. Pneumonia is one of the [illegible] diseases terminating by crisis [illegible] to a [illegible] of mortality, is from five to twenty five per cent.

Diagnosis. Is to be made from Pleurisy. 1st by signs. In pneumonia you have higher temperature expectoration different and flushed face, while in pleurisy you have comparatively low temperature and pale face. The auscultatory signs are certain. Crepitant rale on inspiration and dulness on percussion in pneumonia, in pleurisy you

[illegible]

[illegible] usually occurs from collapse.

[illegible] you see the disease at the onset, and pain severe give a hypodermic injection of morphia 1/6 grs. Quinine then should be given in full doses. If this should fail to cut short the disease the treatment should be directed to the organ indicating special treatment. Stimulants and expectorants should be [illegible] [illegible] Some of the [illegible]

temperature etc). [illegible]

[illegible] the [illegible], to assist the absorption [illegible] the [illegible] of the [illegible] [illegible]

Thesis

Typhoid Fever

C. L. Hopkins

1887

20p.

Typhoid fever is an acute febrile affection, feebly if at all contagious, and characterized by a peculiar eruption on the abdomen, by a form of diarrhoea by stupor and delirium by thickening and ulceration of Peyer's patches, by infiltration and softening of the associated mesenteric glands, by swollen Spleen—

Various names have been given to this disease: Typhoid is now universally used—

Causes— It is due to some peculiar poison, whose source and nature have been puzzling to the profession, but is associated with

decomposition of animal matter, under certain conditions—
It is not produced by mere decomposition of animal matter, fæces, or the contents of sewers; but these are essential, as the Germ finds in these, a suitable soil for its growth and developement—
It does not originate de novo but requires some of the Typhoid poison for a new growth—
The fresh material, such as fæces seems to be inactive till thrown on the ground, where the poison becomes active and multiplies, so the excretion from one person may be sufficient to contaminate a whole community; this poison may lay inactive for a

long time; it may stop in a community for a long time, then recur again without the introduction of a new case — How long the poison can be present in the body without showing itself is not known — the average duration of the incubation period may be stated at three weeks although it may be as short as one week, or as long as four — The way in which the germs get into the body is by the air, water and food —
The reason the materies morbi does not infect more than it does, is probably the insusceptibility of many persons receiving it — It occurs most frequently between

the ages of fifteen and thirty—
In this country the fall and
winter seasons are the times in
which we find it most prevalent.
Men seem to be more susceptible to
it than women—
One attack furnishes an exemption against another, as a rule—
Pathological Anatomy - In the first
week there are more or less hyper-
emia and swelling of the mu-
cous membrane in the ileum,
especially about the patches of Peyer—
In the second week occurs the
infiltration of the glands of Peyer,
and the hyperemia lessens—
The solitary follicles vary in size
and are elevated above the surface.
The number infiltrated is not

always the same; they may all be involved to a greater or less extent; ten may be but three or four. The hyperaemia in the initial stage involves the mesentery as well as the intestines. They are considerably enlarged by an accumulation of the cells. When retrogression takes place the soft material is absorbed, the congestion disappears, and the glands shrink to their normal size. Other lymphatic glands are frequently infiltrated to some extent. The Spleen is affected in a similar manner to when the hyperaemia begins in the intestines, the Spleen enlarges and by the end of the first week the enlargement is sufficient to be

[illegible] through the bowels.
The change consists in a multiplication of the cellular elements.
A persistent elevation of temperature produces a parenchymatous degeneration of organs the liver spleen kidneys muscular tissue of the heart, the nervous system, and muscular system of animal life in general. In the liver the cells become clouded with fat granules and the nuclei disappear, and when the change is most advanced, they break down into granular fragments. The degree of change is in proportion to the range of temperature. In the kidneys the epithelium of the tubes becomes granular and cloudy.

is under disappearing and at last breaks down into granular pigment. The change in the kidney is governed by the range of temperature. When the alteration is at all extensive Albuminuria results. The tissue of the heart becomes soft and flabby, and is easily torn; and the organ in advanced cases cannot retain its normal shape when laid on a table, but flattens out like mush. In the muscles the degeneration takes the two forms of granular and waxy. The marked eye alterations of the brain are very definite the changes consisting in anemia and oedema &c.

In the respiratory organs there are various lesions, which if not essential to typhoid are at least usually associated with those that are peculiar — not unfrequently the larynx is attacked with ulceration, but the most characteristic change is that of catarrh of the bronchial mucous membrane —

Symptoms: For a week or two a lack of the usual vigor and a disposition to tire easily are perceived — The mind is dull, mental application is very fatiguing. Sleep is disturbed by dreams and is unrefreshing, headache, bleeding at the nose, poor appetite tinnitus aurium, and diarrhoea are

are noted dullness as felt at different times for several days the fever sets in the patient becomes exhausted and takes to his bed — Sometimes the tongue is coated white, with a yellow streak in the median line; others have a large red tongue nausea and vomiting — In malarial regions the attack, apparently of intermittent fever precedes the fever proper; there may be several distinct paroxysms, but the fever soon assumes the remittent type, and the phenomena of typhoid gradually develop — A few cases begin without any premonitory symptoms — A person is apparently in good health, is unexpectedly seized with

Sen: chilliness, followed by fever, languor, headache &c. On the next day there is more chilliness, the fever is more pronounced, the mind is already becoming dull, and the other symptoms of typhoid come on immediately.

First w-k. The symptoms at this time are more pronounced: there are violent headache, a sense of confusion and mental weakness, ringing in the ears, bleeding at the nose, though frequently, in a small amount, the eyes intolerant of light, the ears of sound; the patient may still get up and down, but when he attempts to stand erect his limbs waver and he is seized with vertigo.

There is loss of appetite, bad taste in mouth, there is great thirst, a feeling of languor and chilliness; there is apt to be chill though not so marked as in malaria; he is taken to bed in four or five days, or sooner in some cases; this is considered the first of the attack; there is some elevation of temperature, the skin is warm and dry. The tongue is furred white, and is more or less red at tip and edges.

Bowels are apt to be loose, but diarrhoea is sometimes delayed till second or third week, or may not occur at all.

Character of Stools: Green and watery containing floating matter, such as

shreds of mucous membrane, having rather strong odor, but they increase daily in number, and change in character.—
There is pain in right iliac region on pressure, accompanied with gurgling sound; though the latter is often found in other diseases.— At the end of the first, or the beginning of the second week, disorders of the nervous system appear. The restlessness and aching cease, and instead there is a condition of apathy and indifference, the patient becomes somnolent, but is easily aroused, and does not sleep well at night. Some of his indifference and stupidity of expression

is the deafness of hearing —
The peculiar rose spot eruption appears from the last of the first, to end of the second week; they disappear on pressure, but appear again in a second or two; they are slightly elevated above the skin, occurring in crops of about twenty four; they are not always present, being absent in about 12 %—
Temperature Higher in evening than in the morning, ranging from 103° 104°, but may be less, or it may rise as high as 106 or 107 and is nearly always fatal when the latter temperature is reached —
Observation of first wk — you can as a rule make your diagnosis by observing the temperature: —

In first morning it is about normal. The following evening it rises 1° or 2°. next morning it is near normal, but in the evening the temperature is 1° or 1½° higher than the preceding evening, and continues to be higher each morning and evening than it was on the previous morning and evening, which is pathognomonic of typhoid fever.

Delirium is not generally present in the first week, but generally appears in the Second, though sometimes it does not occur till third or fourth week, being more marked at night. The sensation is blunted so much that the feces may pass without the knowledge of the patient. Hemorrhage from the bowels occurs

about once in twenty cases; it may not make its external appearance for some time, but if there is a sudden fall of temperature with weak pulse always look for hemorrhage; when small in amount it is not dangerous, but when copious it almost invariably portends a fatal issue, as it is always due to the rupture of a large blood vessel—

Diagnosis—Can not be made at but the history of the case together with coexisting phenomena will point almost conclusively to what you have to contend with—

Treatment from acute tuberculosis and Typhoid are the diseases with which it is most liable

to be Confounded

1. Typhoid we have a high temperature early with fast pulse disturbances. In Acute Tuberculosis we have a very high temperature, which is continuous, and on Ophthalmoscopic examination there will be seen tubercular deposits on the Retina. In Typhoid there is continuous high fever, with dull taste in mouth. In Typhoid, we have prostration of the limbs with tenderness normal at first then gradually assuming rose colored eruption, a peculiar coating of the tongue, generally accompanied by Diarrhoea of the peculiar pea color stool. Tenderness or pain on pressure of the right

[illegible]

Prognosis — If the temperature does not exceed 103 by end of 3rd day a rather favorable prognosis can be given; but when there are complications, such as intestinal hemorrhage, Pneumonia and heart and kidney trouble a very guarded prognosis should be given — a sudden rise of temperature indicates complications mortality less in children than in adults —

Treatment Where the temperature does not exceed 103° by end of first week little treatment is required more than sanitary and fed liquid; remove carpets and all unnecessary furniture; keep the room cool, there is comfortable for

the limbs, not allowing the blood
to come directly on the patient —
The disease cannot be aborted
but it can be in most cases
guided to a favorable termination —
When the temperature is high meas-
ures should be taken for its reduction
For this purpose just immersing
cold baths or sponging also Anti-
pyrine; quinine should be given
hypodermically in form of the solution
of the hydrobromate — The cold
bath should be about 75° F.
If the patient is very weak use
sponge instead of bath, sponging
one limb at a time —
Quinine stands at the head of
all the antipyretics —
When the diarrhoea is excessive

use mild stimulants, if it is the
mouth and throat are the best
in weakened conditions of the heart
use alcohol—
Treat other symptoms as they arise—
A fluid diet should be rigidly enforced. Such as milk and beef tea; also
the white of one egg beaten up in
3iv of water, then strain—

C. L. Hopkins—

Acute Tubular Nephritis.

Felix S. Jenkins.

11 p.

Acute Tubular Nephritis.

To Dr. Richard Bright, we are indebted for most of our knowledge of this important disease. His investigations were made about sixty years ago, & he truly deserves the melancholy honor of having the disease named after him. According to him, Bright's disease was defined to be a disease of the kidney, characterized by albuminuria with a general dropsy more or less diffused. There are now distinguished three forms, according to the part of the kidney which is affected. In the first form, the uriniferous tubules are primarily involved; in the second form, the connective tissue which binds these uriniferous tubules together & in the third form there are changes in the blood vessels. In tubular nephritis, the capsule as in a normal healthy kidney, is unadherent but the cortical portion is relatively increased in size. Its

most common cause is exposure to cold & wet, because there is an interchange of function between the skin & kidneys. In summer our bodies are bathed in perspiration which undergoes rapid evaporation. This may be a sensible perspiration or it may not be apparent. Under the influence of sudden changes in the temperature, a vicarious function is established in the kidneys & we have congestion in the uniferous tubules. It is seen in the course of scarlet fever, diphtheria & other febrile diseases. The poison of scarlet fever is the most common cause. Some authorities explain this by saying that the action of the skin is perverted by the presence of the eruption. This is probably not the reason, because there are often cases of scarlatina with the most copious eruptions, in which there is but little renal disturbance. In fact, it is not at all uncommon for patients with a badly defined eruption to suffer with

acute tubular nephritis in its worst forms. The true cause is, doubtless, the scarlatina poison which is circulating in the system & poisoning the kidneys. Some epidemics are especially characterized by their symptoms of acute tubular nephritis. In the worst forms of this disease we meet with intense headache, short of agony in character & which may be followed by uræmic convulsions & coma. Turpentine & cantharides may also cause this trouble. It is seen in certain cases of lead poisoning; also in administering arsenic, we must look out for a little puffiness under the lower eye-lids. It is doubtful if alcohol will cause acute tubular nephritis unless we except cases of violent intemperance. In pregnant women it is caused probably, not by the mere pressure on the renal veins, but because her kidneys are being called upon to carry off the elements of nitrogenous waste, not only from her own body but also

from the fœtus. The fact that acute tubular nephritis may occur in the pregnancy of one woman & not in a future pregnancy of the same woman, is not explained. We should, however, always suspect this disease in a pregnant woman, when there is nausea and vomiting, some œdema & especially when the swelling increases rapidly. In some forms of acute tubular nephritis, œdema may take place in the lungs & the patient may die asphyxiated. The exudated serum would prevent the entrance of air into the air vesicles in two ways; either by filling them up or by pressing on them. We may also have pericarditis & endocarditis from serous effusions. The urine is almost invariably lessened in this disease, generally the quantity varies from six to eight ounces. It is of a smoky hue, which is due to the presence of the coloring matter of the red blood corpuscles. Its specific gravity is high, about 1030. This high

excess of the acid.

specific gravity is due to a diminution of the liquid albumen as the quantity of urea is diminished & not increased. Heat & nitric acid are the tests for determining the presence of serum albumen. Heat will coagulate it but it will also throw down phosphates. We might mistake these precipitated phosphates for precipitated albumen if we used only heat as our test. By adding a few drops of acid we render our solution acid. The phosphates are soluble in the acid solution & we have only the precipitate of albumen.(1.) On the contrary, when we add a few drops of acid, we may see not only our precipitated albumen but also certain amorphous mates. Heat will dissolve of these urates & leave only the precipitated albumen. The albumen will be found to be varying from a distinct tow to almost entirely albumen. Again casts may be seen by the microscope, also pitthelial

(1.) If the urine is strongly alkaline, the albumen is not precipitated by boiling alone.

cells & blood globules in great number. Some of these cells have been sloughed off in the process of inflammation. This relation, however, does undoubtedly frequently take place. The hyaline casts are caused by the moulding in the tubes of the exudated fibrin. The dropsy which is characteristic of this disease is variously explained. It is generally conceded to be on account of some histological change in the capillaries. Some consider that true hydraemia is the cause & that the condition is due to a watery state of the blood. This is evidently not the case, because we have no analogical symptoms in many diseases in which hydraemia is very conspicuous. The uraemic convulsions are also variously accounted for. All claims agree that they are due to the elements of nitrogenous waste, which should have been eliminated by the kidneys. Some think that these elements

circulate in the blood as carbonate of ammonia. This can not be so, as carbonate of ammonia is a medicine which is frequently given & which is never known to cause convulsions. The argument that urea has been injected into the veins of dogs, without producing any convulsive seizure is not a good one. Because when the kidneys are healthy, they can get rid of this urea. It is probably a substance which, either is undergoing a change into urea, or after having once been urea is undergoing another change. This poison produces convulsions by its action on the motor centres; it produces coma by its action on the cerebral cells. A patient with chronic Bright's disease is liable to suffer from cold, may have an acute attack.

<u>Treatment</u>. Acute Bright's disease requires prompt & intelligent treatment. Hydragogue

cathartics & venesection do good but their effects are transient & the medicinal action can not be continued. Calomel should be employed under no circumstances whatever, because it is a dangerous heart sedative. Good results are attained by efficient sweating. The kidneys are thus aided in getting of their urea compounds by establishing a vicarious function in the sweat glands of the skin. For this purpose there is nothing better than the elevated temp of the hot air bath. We may make a space under the bed clothes of the patient, & into this space we may conduct a current of hot air. A teaspoonful of the fluid extract of jaborandi or the eight of a grain of the nitrate of pilocarpine may also be given. We should not endeavor to remove the waste products from the kidneys, the cast off epithelial cells &c. We may direct

a table spoon of the infusion of digitalis to be given once a day for several days. This is the best diuretic that could be used for this purpose, as it also increases the force of the heart. The tincture has not the same good results, probably on account of the alcohol it contains. Instead of using the official preparation, which contains fifty parts of alcohol to three parts of cinnamon powder, we may direct a teaspoon of the powdered digitalis leaves to be infused for one hour in a covered vessel with half a pint of boiling water. This infusion is strained & it is then ready for use. Dry cups directly over the inflamed organs, three or four over each kidney tend to give great relief. Thing cot as counter irritants. A warm poultice will also do good. Some authorities say that morphia should never be exhibited in the treatment of this disease.

that there is already some friction against
in the blood which has a tendency to
produce coagulation, hence, disorder
ged. It lessens the activity of the meta
bolic [illegible] of the muscular walls of the heart;
it also aids the action of the digitalis.
By its soothing influence on the cardiac
cells, it lessens the poisonous action of the
[illegible] compounds. A hypodermic injection of
the sight of a grain of the sulphate of
morphia is invaluable. It may be given
when the patient is a hopeless case
in a pitiable condition; it will draw
the blood to the surface & its use
will be followed by the most beneficial
results. The urine which is generally so
scanty in these cases, so heavy, so dark in
color & so albuminous, will generally clear
up under this treatment. Aside from
exposure to cold & wet, with the indiscretions

Regimen or hygienic management is of course of the utmost importance. Food which is rich in nitrogen should be avoided. Stimulants will be found very beneficial & a mild temperate climate should be advised.

Thesis.

Pertussis.

John H. Jenness.

20p.

Pertussis.

This disease has been known for a very long time. The same symptoms, by which it is now recognized, were noticed by Hippocrates. Its origin however is unknown. The differences in the descriptions are no doubt due in great part to the climates and circumstances under which it occurred. There can be no doubt, that as the disease reached colder climates it was altered in its character. It may be defined as an acute, contagious disorder, which occurs several, in children, but not limited to any particular age, and extending over a period of several weeks. It first comes on with general malaise, catarrh of nasal, and

bronchial mucus membrane; after which occurs a convulsive cough, which is recognized by a series of expiratory efforts followed by an inspiratory effort, known as the whoop. The coughing occurs in paroxysms which vary in intensity in number according to severity of the case. From this fact of the paroxysms coming so soon is seen the reason of the varied duration known of so many different conditions. The complications seem to be due entirely to outside causes, and not dependent at all on the disease. The continued irritation, it's apt to set up troubles of one or another kind, and especially in the lung.

It has been regarded by some authority as a neurosis, by others as a lesion of the brain or its membranes, but no lesion has been found post-mortem to justify this opinion. Some writers have considered it a disease of the bronchial glands, but similar growths have been found in these glands after death from other diseases, and especially measles. However, how true these theories may be, there seem to be no end of explaining its occurrence than by the existence of specific poison; and such is now the almost universal view. It can be carried either by fomites, or through the atmosphere from one to another.

The poison is generally regarded as not existing in the blood, but mainly in the secretions of the respiratory organs. It is stated on good authority that the animal may be infected either by infection in sputum, or in being inoculated in the bronchea or nasal mucous membrane. It has been disputed, and very justly it would seem, that the poison can be transmitted by the respiratory secretions alone, since children have been born with the disease. It must not be forgotten that cases occur without the characteristic cough, and these cases may seem to have arisen without exposure.

It is probable that childhood and the irritants to which the respiratory organs are exposed during that period are not a predisposing cause, but there can be no doubt that the specific poison is necessary. Sex seems to have influence; females being attacked more frequently than males. The symptoms at the outset as has already been said, are those of an ordinary catarrh; and in this stage unless there be history of direct exposure no diagnosis can be made. The cough may be heard and close from three days to three weeks. The paroxysms last usually about a minute, but may last much longer.

These convulsions occur most frequently in third and fourth attack, and gradually [illegible] in end of the disease. In the later stage: any irritation to fauces or nostrils [illegible] a cough, and there are [illegible] [illegible] the [illegible] of the air the cough is spasmodic due to irritation of the vagus, accessory and sympathetic nerves. The nervous system is rendered more excitable by the anaemic condition of patient. The duration varies from six weeks to three months. It is probable however if active and proper treatment be started at the outset and kept up, that the disease [illegible] a modified form. The catarrh may be some [illegible] or other [illegible] sufficient to cause

[illegible] occasion, the struggle may [illegible] the convulsions may become so profuse as to cause death by asphyxia. The ordinary course of a paroxysm is as follows. The child will be much excited and will generally [illegible] the nurse or [illegible]. The face becomes flushed, the eyes fill with tears as the paroxysm advances; cyanosis almost complete appears and as the spasm relaxes the lividity of face is followed by deep paleness. The spasm is caused by the anæsthetic effect of the carbonized blood. This same course of phenomena sometimes throughout the entire disease, growing less frequent and severe

as the disease begins to abate. The disease gets well very slowly. The secretions will become gradually less, and gradually disappear. The child is apt to be much exhausted, and constantly expecting the attack, hence sleep will be much interfered with. Now is the time for tonics. The nervous symptoms are the last to leave the child. The heart is not much affected by the disease, and the functional disorders gradually fade and the organ returns to its normal condition. Ulceration of frenum of tongue seldom occurs. It is impossible to arrive at true statistics as to mortality. It is fatal only in its complications.

or by inducing a weakened condition of patient. Fortunately it seems to prove as no guide to prognosis in cases which are uncomplicated - When the disease is sporadic it is apt to be [illegible] and when epidemic measles are very apt to be severe and increase the dangers to complications of the respiratory organs which prove so fatal. The wonder is that the disease is not more fatal than it is, since it is a disease which attacks the respiratory organs and lasts not less than two months. The post mortem changes seen are not special to this disease, but due to the complication which caused death.

The complications may well be divided into two classes. Those which tend to cause death by extension of contagion, and of these the principal ones are, pneumonia, gastritis and enteritis, and those which tend to produce death by mechanical obstruction such as embolism of brain, hemorrhages and exhaustion. We now come to probably the most important part of the disease, the treatment. It is very plainly shown that there is no specific treatment for it by the fact of so many remedies having been used at all times in the history of it. This disease must be well considered since it seems destined to take an

important in the treatment of this disease. Although the contagiousness of this disease is admitted, yet there seems to be no marked effort made to prevent its extension. The school-room in this country is a focus of infection, for the idea that actual contact is necessary is common among the laity. Since the disease may be placed in the same category as small pox, it seems probable that the same method of prevention might be adopted. Since oxygen has the power of modifying the virus to a remarkable extent, ventilation should be of paramount importance in the treatment. The air of the apartment should be saturated with some

well known germicide spray, such as carbolic acid, or bichloride of mercury. Perfect cleanliness of clothes and person should be insisted, and the child should be protected from vicissitudes of temperature by flannel clothing. Simple diet and exercise in the open air when practicable. Out of the vast array of remedies which have at different times been set forth as sure and certain cures, we are unable to select one, and indeed we may say many which will answer in book and theory rose. The remedies to be used may be divided into those intended to relieve congestion, and allay irritation of respiratory mucous membrane, and into

that used to prevent or control the paroxysms and those used to tone up the weakened nervous system. Many of the remedies used to relieve vomiting probably also act by depressing the sensitive nerves. This method of treatment is being used more and more. In this way belladonna, opiates, morphia and ammonium bromide have been used. These remedies when used as a spray or inhalation have a soothing effect on mucous membrane reducing the secretions less sticky, and also have a quieting effect on the excited nervous system. Tincture of quinine is used by inhalation and probably does some good in vertigo

of parasiticide qualities carbolic acid has been used as a vermifuge for tapeworm with as much success as any remedy used in this way. It is stated that the vapor of carbolic acid inhaled will so quiet the irritability of the mucous membrane of the air passages as to secure the child a night's rest free from a paroxysm. This most obstinate of all children's diseases has been managed works have the disease in a modified form. If the paroxysms be very violent and prolonged chloroform may be used. For this purpose amyl nitrite has been tried but not with any marked success. Remedies may be applied in cases of croup

directly to Lobeline, but I think the spray preferable. . . . It seems to me that by means of a spray of cocaine alkaline often enough, and the sensibility of the mucous could be so numbed as to keep off a paroxysm indefinitely, when the secretions have become profuse and the cough frequent, all excessive nasal irritations by means of the spray. This is to be resorted to when necessary only; and at this point alkalies do good by rendering the secretion less tenacious, of all the remedies used, belladonna is probably most. The inhaler is regarded by some as the guide is a very important one, and belladonna does so more invariably.

is valuable that it tends directly to shorten the disease. The other medicines as salicylic acid, chloral &c tend to shorten and render less severe the paroxysms, as fish in authority has advised the use of hydrocyanic acid, placing it next to belladonna. Thirst should rank with belladonna for in the hands of many practitioners it has produced very excellent results. Should any sign of chorea appear it should be driven with potassium bromide. Cupping may be given if [illegible] [illegible] [illegible] since it tends to materially lessen the complications. In children of the scrofulous type muriate of

pilocarpine has been found of much service, likewise sodium nitrate has been found useful in preventing lung complications. Other remedies such as sulphur, sulphurous have been used. Counterirritation has been found of considerable value, and for this purpose various things have been used. Oil of amber has regarded by some a specific, but it is likely that any one counter is just as good. In the third stage of the disease when the nervous symptoms still remain cod-liver oil and iodides are to be freely used. Milk should be the principal diet, especially in fevers, when a little lime water may

be avoided. Equability of temperature at this time very important ~~at this~~ ~~time~~ to prevent complications of which the most serious is pneumonia, and of this catarrhal is the commoner complaint, although the eruptions does sometimes occur. That pneumonia should occur does not seem as due disease considering the nature of this disease. This complication is no doubt brought on by the slight exposure necessary for air and exercise. Very often however it begins slowly and insidiously, since there has been no exposure. At one and another is aware is very is being sucked into the alveoli in the right

inhalation to root; or rather due to the specific poison itself if we allow the idea of a specific pneumonia. Collapse of some part of lung invariably occurs since the intimate relation between pulmonary collapse and catarrhal pneumonia is known. Later in the course of the disease gradual dyspnoea, cyanosis and anaemia is observed, this dangerous complications is to be feared, and precautions should therefore be taken lest more serious. It is a disease depending on a specific poison, and that the catarrhal stage according to some authors can be and has been abridged by the use

quinia, alum, hyoscyamus &c and also that the neuroses, symptoms have been successfully treated by belladonna, chloral, the bromides &c; but the probability is that there never has been or will be a remedy by which fibroids will be abridged and more than fibroid, fibrous or any of the malformations, cures.

I do not hope, however that the time will come when the disease will be definitely known, and in what organ it resides; so that by the means of the proper germicide remedies its life may be destroyed and its dissemination stopped.

Syphilis.

security. [illegible] of society would seem to convince us rather that, notwithstanding [illegible] of the disease may be lost [illegible] it is very probable that this malady existed from a period occurring very soon after the world became thickly peopled. The same causes which now produce it [illegible] living almost in a state of nature, did not hesitate to obey blindly this most [illegible] abuse of this desire, and a neglect of cleanliness, must have frequently led [illegible] these diseases, which [illegible]

and prophylactic measures,
[illegible], all that day unknown, have been
made to prevent. This is, of course, mere
conjecture, but it is certain that to
[illegible] we must trace the origin and
propagation of all infectious diseases of
[illegible], in all ages, whether driven
by necessity, impelled by unguarded
licentiousness, seduced by the arts of
men, or betrayed by their own hearts, women
have been found to barter their loveliness
and their charms for bane or for bane.
The origin of the world and that of
[illegible] [illegible] [illegible] [illegible] [illegible] [illegible], [illegible]. This
[illegible] [illegible] [illegible] [illegible] [illegible]
gain thereby the means of existence.
[illegible] [illegible] [illegible] [illegible] [illegible] [illegible]

four wives, called Queens and a great number of concubines. From the foregoing meagre outline of the disorders of a [illegible] which has ruled the world from its earliest dawn, we may safely state that the disease existed prior to Columbus. F. L. Hoy, which not with some far[illegible] refers the origin of Syphilis to America, whence Columbus returning from his first voyage, landed at Barcelona, in Spain, in 1493 only a year before the appearance of the disease in Italy. There can be [illegible] Syphilis [illegible] the colony founded by Columbus during [illegible] whether indigenous to the West Indies, or brought there by Spaniards, is unknown. It

[illegible]
discussion on this point, since I think
I can assert with truth that those
authors of the present day who have paid
the most attention to the subject, regard
the testimony in favor of its [illegible]
American origin without foundation. If
evidence is to be placed in a recent
writer Chinese medical literature
affords evidence [illegible]
[illegible]
before the birth of [illegible],
constitutional disease caused by the
absorption of a peculiar [illegible]
circulation, manifesting itself primarily
[illegible] as sore [illegible]

[illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] research of [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible]

[illegible] the development of this [illegible] Causes. Syphilis may be [illegible] hereditary syphilis, [illegible] case depends upon [illegible] infection of the mother, but may be derived from either father or mother, [illegible] syphilitic, [illegible] from syphilis, [illegible] is almost necessarily syphilitic. Acquired syphilis can only arise from [illegible] which may be either immediate or mediate. Immediate contagion results from contact with a chancre, or with some other lesion. Surgeons and accoucheurs get chancre of the fingers by inoculating abraded spots in the exercise of their duties. Chancre is not infrequently

[illegible] in infancy. Children [illegible]
[illegible]is from nursing women or inoculation
[illegible] occur at the birth of the infant,
from a syphilitic sore in the vagina or
from the vulva of the mother. The blood
and secretions may be the source of
contagion. Vaccination by means of the
[illegible] lymph are modes by which
syphilis can be communicated. We often
hear great stress laid upon the importance
[illegible] pure lymph without
[illegible] [illegible] any
physiological or other ground for the belief
which this advice is dictated. The
[illegible] of lymph is, I suppose derived
[illegible] [illegible] blood, and it
[illegible] be apparent of many

author, simply liquor sanguinis, holding certain specific particles of vaccinal contagium in suspension, I am not aware of any evidence which connects syphilitic infection with the blood corpuscles rather than with the fluid in which they float; and I should be unwilling to admit the purity of any secretion or excretion which had syphilitic blood [illegible] "[illegible] owner, Medical contagion. The contagious matter from a syphilitic sore may be transmitted to a previously healthy [illegible] by means of [illegible] dressing, [illegible] stringes, such catheters, cases have been observed where syphilis had been transmitted by fellowing, the coloring matter having been mixed with saliva from

[illegible]

Smokers of a pipe sometimes get [illegible] on lips, [illegible] mouthpiece [illegible]

Glass blowers get syphilis [illegible] the same tube, passing [illegible] mouth. Many interesting examples [illegible] contagion have been recorded, [illegible] case of a gentleman with [illegible] ing prepuce, who, after marriage, encountered an old mistress, with whom he had intercourse; returning home shortly, without having washed, he repeated [illegible] intercourse with his wife; depositing the virus from his prepuce in her vagina. She escaped, but, in due

[illegible] unknowingly [illegible]
[illegible] Syphilis, A similar instance is related [illegible]
[illegible]
embracing her unfortunate husband, received into
[illegible] a poison left in her vagina by her
[illegible], [illegible] developed chancre, while
he escaped. The course of Syphilis varies
varies according as the disease is acquired
or hereditary. The natural history of a
typical case of acquired Syphilis, is usually
described as going through three stages,
known respectively as primary, secondary,
and tertiary. Whatever be the source of
[illegible] Syphilis, whether from a primary
or secondary lesion, the first symptom is
invariably a chancre, unless the virus
be introduced directly into a lymphatic

vessel, or into a vein, where a chancre might not result, but that in the former case a syphilitic bubo and in the latter constitutional syphilis might occur as it does in the hereditary form of the disease. Chancre may be divided into [illegible] kinds, the [illegible] or [illegible] may [illegible] fragulenis [illegible]. The disease [illegible] irritation, [illegible] slightly [illegible] [illegible]. Their nervous excudation without pus, unless as the result of extraneous irritation. The induration in this form is of variable persistence, sometimes disappearing before the ulcer has healed,

The soft chancre has a comparatively short period of incubation. It presents a [illegible] excoriated ulcer, with elevated [illegible] margins and a [illegible] surface. The secretion of this form of chancre is very persistent, sometimes remaining long after the cicatrization of the ulcer. The variation of syphilitic chancre is from two [illegible] with. General syphilitic [illegible] often appear before the chancre has healed. As a rule, the lesions are [illegible] indurates and ulcerates caused by [illegible] syphilitic, which may be either constitutional or local. A chancre is [illegible] only one point is inoculated. It may be [illegible] to any point, but must be

[illegible] exempt from it, the genitals, of course, furnish the favorite seat, but simply because they are most often exposed. Chancres may simultaneously [illegible] syphilitic [illegible] on the same spot may have been simultaneously or successively inoculated by the two virus, giving rise to what is known as mixed chancres, a sore which [illegible] the characters and qualities of both of these diseases, syphilitic bubo, or induration and chronic enlargement of the neighboring lymphatic glands are almost if not absolutely constant [illegible] of chancres, [illegible] syphilis.

between the time of appearance of a chancre, and the period at which secondary symptoms are developed there is an interval. The shortest period in which an untreated chancre is known to have been followed by secondary symptoms is twenty five days, while the average period is about six weeks. Secondary syphilis almost never appears after three or six months after the chancre, unless the natural evolution of the disease has been interfered with by treatment, and, even then, never without having been preceded by a chancre. This remark does not apply to inoculations into the veins or lymphatics, hereditary syphilis is a very rare exception. Secondary syphilis includes

[illegible] of the eye,
testicles, and [illegible] with [illegible]
of the varieties of the nervous, Syphilis.
Certain premonitory symptoms usually
precede the development of Secondary
Syphilis, lasting [illegible] few days to
a week or more, and consisting in
febrile disturbance, with languor and
general [illegible]; [illegible] pains of a
neuralgic character, headache, sometimes
due to anaemia. There is no definite
Syphilitic eruption, on the contrary
[illegible] number of skin diseases may occur
as manifestations of Syphilis. The most
characteristic manifestations [illegible]

secondary stage, rare cutaneous eruptions, sore throat, mucous patches, enlargement of lymphatic glands, alopecia, Iritis, Keratitis, Chorioditis, Myeloitis, affections of vision and hearing, hemiplegia, Ataxia, and other symptoms referable to the nervous system. The natural history of hereditary syphilis differs from that of the acquired variety, chiefly in having no primary stage, the early manifestations, which occur from six weeks to one year after birth, being at the commencement of the disease. The manifestations are mucous patches, syphilitic pemphigus, coryzas and laryngitis, if the latter exist the temporary teeth are also in her ill formed and carious after the

considered of the secondary period of the disease, there is usually an interval since the development of tertiary symptoms. The manifestations are tubercular, syphilitic, in the form of gummatous tissue, muscle, bone, cartilage, visceral syphilis, and more serious lesions of the eye, ear, testis, and all manifold conditions occasioned by what is known as gummy deposit. The most characteristic signs of this stage in the hereditary form of the disease are Keratitis and a peculiar notched condition of the permanent teeth particularly of the upper central incisors. Prognosis. As in the character of the general syphilis, which is so

show when a given chancre, the peculiarities of the individual [illegible] have any thing to [illegible] of more [illegible] interest. The disease at the present day is [illegible] a milder affection than formerly. This is due partly to the tendency which it shares with other diseases to become less virulent by frequent transmissions, but due chiefly to [illegible] treatment. A deep chancre usually indicates a [illegible] virulence than a superficial one, secondary symptoms will almost invariably occur. The form of the [illegible] eruption is papulo-[illegible], or erythema, or roseola, indicating

[illegible] form of syphilis means one [illegible] other varieties. When the tertiary [illegible] ever appeared, [illegible] cancer. [illegible] to recovery comes very hopeful, [illegible] diagnosis of hereditary syphilis, [illegible] hopeful prognosis, is usually favorable [illegible] rest of life, unless the disease [illegible] manifested at the time of, or very soon after birth, when a fatal result may be feared. Diagnosis. For the diagnosis of syphilis an intelligent patient may give a history of his case, but very little reliance can be placed upon the statements of patients suspected to be syphilitic. The most important point [illegible] consideration [illegible] to the diagnosis of primary syphilis.

[illegible] distinguishing the chancre
[illegible] the chancroid. The diagnostic
[illegible] between the two are the following,
Chancre [illegible] induration
[illegible] multiple, Chancre
has a distinct period of incubation
[illegible] solitary; Chancroid
autoinoculable. Chancre not-
autoinoculable unless irritated by
treatment or otherwise, Chancroid is
not inoculated unless from extraneous
causes, Chancre having a peculiar,
persistent induration, Chancroid has
little or no tendency to heal, Chancre
has a tendency to heal spontaneously,
chancroid being a local disease, and
[illegible] affords no protection from another

[illegible] manifestation [illegible]
[illegible] disease, [illegible]
[illegible] treatment [illegible],
unless a cure has been effected,
when the patient may again be
inoculated. A chancroid is a suppurating
[illegible] rarely suppurates. Tumors
may be diagnosticated from cancer
Epithelioma, or similar affections
by anti-syphilitic treatment. The
[illegible] secondary [illegible]
[illegible] the disease may be
[illegible] by [illegible]
[illegible] manifestations. Anti-syphilitic
remedies should also be used, which
will [illegible] the prognosis sufficiently
clear. Treatment of syphilis is

[illegible] and Specific and neither [illegible] depended upon alone. The [illegible] treatment includes all the ordinary [illegible] Change of [illegible] [illegible] the success of treatment. [illegible] [illegible] [illegible]

iodine. The treatment may be divided
[illegible] of [illegible], [illegible] that
of early and late Syphilis. Early Syphilis.
Treatment should be commenced as
[illegible] the diagnosis of chancre is
made. There is no object in waiting
for an eruption, by so doing
valuable time is lost. [illegible]
manifestations of syphilis, Mercury is
specially potent; under its influence the
chancre heals, the early eruptions fade
and if given continually or continuously
[illegible] the first, syphilitic
fever rarely amounts to more than a
little pallor and pain. The doctrines have
little power of over this period of the
[illegible], mercury properly given may be

[illegible] without [illegible] the [illegible] of mercury, may be [illegible] [illegible] by what mode of administration, [illegible] the [illegible] [illegible] [illegible] the following [illegible] [illegible], [illegible] fumigation, and Hydrargyria, all of these [illegible] [illegible] their [illegible] [illegible], [illegible] [illegible] [illegible] the stomach [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible]. but [illegible] [illegible] [illegible] [illegible] [illegible] by the stomach [illegible] [illegible] Protoxide [illegible] Bichloride, Blue Pill, and Gray powder, Calomel is useful [illegible] it is [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] of mercury, [illegible] [illegible] the infant [illegible] mercurial [illegible]

[illegible] as in the adult. and may be employed internally or by inunction. Dr Tait says while the treatment of the disease with mercury should be continued but the Iod of Potassium could be given in large doses, as the Iodes appear to have more effect than mercury in this stage. They should be combined with tonics as the case may indicate. The more Barely gumming any [illegible], the more certainly will it [illegible] Iodides Local treatment [illegible] [illegible] Ointment Dr Shaner [illegible] [illegible] lower to keep the [illegible] sources [illegible] [illegible] cicatrization by [illegible] [illegible] [illegible] [illegible] or with

Nit-of Silver. In secondary syphilis the local treatment is very simple. The use of Nit-of Silver or Black wash to relieve the [illegible] induced by the [illegible] and if sore throat occur, gargles of [illegible] of potassium. Bitis [illegible] the [illegible] use of Mercury, local [illegible] be [illegible] [illegible] is [illegible] Black wash, Iodide [illegible] [illegible] on his face should be treated with caustic applications When these means fail the same treatment may be instituted, never tire your labors may be crowned with success. It must be started with confidence that nature, unassisted

by art, would be incapable of eliminating the disease or of arresting its progress.

Hered. M. Jeter.

University of Maryland.

Section,

1876 & 1877.

190.

Low vitality.

"Y[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]"

(Stevenson)

A [illegible]
[illegible]
death;

(Dr. [illegible])

Inflammation [illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[

[illegible] of [illegible], [illegible] is the [illegible] taste produced by [illegible] stimulation of the Glosso-Pharyngeal, also, if we irritate a gland increased functional activity results, so if we take a muscle fibre and irritate, contraction results which is normal, but if irritation is continued it will lead to nutritive and later to formative changes.

Changes in Nutrition

Long continuation of the nutritive changes [illegible] taken by [illegible] and ~~[illegible]~~

[illegible]

[illegible] Two [illegible]
two affecting [illegible]

[illegible]

[illegible]
[illegible]

The classical signs of Inflammation
Redness, Heat, Swelling, Pain

The redness may vary from a slight
discoloration to a bright scarlet
or when affecting the mucous mem-
brane may be of a deep crimson
or dusky hue. The redness is
due to the hyperaemic condition

2. The capillaries, being dilated & crowded with with red blood corpuscles and the filling of some capillaries which before this congestation were too small for the [illegible]. Non-vascular tissues become inflamed ~~to~~ are cloudy or [illegible], the cornea or [illegible],

2nd, The heat, pain is caused by the blood [illegible] accumulating [illegible] in the tissues, and [illegible] the [illegible] [illegible] is [illegible] "[illegible]."

3rd, Throbbing. The throbbing is caused by the [illegible] of the

[illegible] at the [illegible] into [illegible]
[illegible] and water or [illegible] power, also [illegible]
[illegible] rounding of the red cells and
[illegible] dilated vessels within [illegible]
[illegible] more or less [illegible]

[illegible] Pain. Pain is [illegible] of
[illegible] into,
[illegible] and [illegible] nerves
and [illegible] Pain or [illegible]
[illegible] or [illegible]
[illegible] or [illegible],
[illegible]
[illegible] pain [illegible]
[illegible] [illegible]

Cours de examination

[illegible]

P. 7.

Thesis.

17 p.

In selecting the subject of Inflammation for my Thesis I am actuated by its importance rather than the ease of the task. As to the importance of the Inflammatory Process one branch of medicine will be sufficient for this point namely Surgery. For almost all maladies with which the surgeon has to deal either give rise to or are dependent on the process of inflammation.

In discussing the subject of inflammation, I shall not attempt to detail the manifold views which have been and are

you now tell me to the nature
I shall make attempt to
briefly state the different
factors in the process as I
now understand them all of
which have, of course been
gathered from my teachers
and my readings.
Inflammation has been defined
as the "Succession of changes which
takes place in a living tissue
as the result of an injury
provided the injury be not
sufficient to kill it immediately."
But as this definition tells
us absolutely nothing as to
its nature, it seems to me

1st The following is a more elaborate definition of Inflammation in the result of the combined action of the three forms of irritation namely, Nutritive, Functional and Formative Irritation.

Causes of Inflammation are predisposing and exciting or determining causes.

The predisposing causes of inflammation may be said to be any conditions which impair the general health and in this way render the tissues less able to ward off the injurious influences to which

they may be subjected.
Under the head of Exciting or Predisposing Causes, may be mentioned. Mechanical such as cuts, blows wounds &c, these act from without. but Emotions and excesses may be considered exciting causes which act from within. Chemical, Metal, Gas and various substances of a chemical nature. There are several other causes which may be considered under this head, septic matters in the blood and various forms of contagion such as gonorrhoea chancroid &c.

Lastly certain forms of nervous tissues may be considered as the determining cause of inflammation but so far as I know they act in a hyper way and thus reduce the resisting power of the tissue.

Pathology. The first effect of an irritant on a living tissue is what Virchow called "cloudy swelling". This is a morbid hypertrophy. The cells of the part become at first infiltrated with an opaque granular material which destroys their transparency, therefore Virchow called it "cloudy swelling".

stet, so to speak, is
with hyperaemia or determination
of blood with dilatation of
the arterioles with retardation
of the circulation which may
go on to stasis. This retard
ation of the circulation is
due to a change in the
walls of the capillaries namely
the endothelium returns to its
embryonic condition
Now we have exudation or lymph
formation due to exudation of
serum and migration of leucocytes
and perhaps proliferation of cells
in the tissue. Lymph may be
considered a fibrinous fluid.

containing the leucocytes which are identical with the white corpuscles of the blood. The lymph is coagulable, and is sometimes tinged with red blood corpuscles. The changes which lymphatics undergo will be mentioned under the head of the terminations of inflammation.

Symptoms are both constitutional and local. The constitutional symptoms are those of a febrile nature, and have received the name of symptomatic fever. They are elevated temperature, hot and dry skin, thirst, loss

of abilities, combined loss,
accelerated pulse, and dimin-
ished vanity and high colored.
Local symptoms are redness
swelling, great pain, impaired
functions and malform.
The redness is due chiefly
to determination of blood.
Swelling is due to the
morbid hypertrophy, serous
hyperæmia, and exudation
of lymph. Heat is generally
due to an increase in the
metabolic changes in the
inflamed tissues. Pain is
due to the pressure on the
nerves of the affected part

for the observing is symbolic and it may be that the nerves themselves are inflamed or, their function perverted which is manifested by pain. modification of function is also a sequel in inflammation and is best represented by the organs of special sense - Eye, or Ear. Modification of nutrition some have seen that marked by hypertrophy. It is may sequel after the subsidence of the inflammation or we may have contraction brought about by inflammation for example, Chronic interstitial Inflammation of liver or kidney

Terminations of inflammation the first
a. be absorbed if this take
place rapidly it is called diffuse
this rapid absorption probably only
occurs in septic inflammations and
is very apt to give rise to in
flammation in other parts of the
body. 2d The gradual absorption
of the inflammatory juice or lymph
is known as resolution this is
the termination which should
always be aimed at for when
this occurs we usually have a
permanent cure, sometimes however
after the absorption of the lymph
the blood vessels of the affected
part remain for ly congested

want of tone. This may give rise to local dropsy or if on a mucous surface to a flux. or they may give way and in this way give rise to hemorrhage. Secondly the lymph may become organized, and thus we may have formed unnatural adhesion. divided parts united false membranes formed, or tissues filled up with cicatricial tissue. Thirdly lymph may undergo various forms of degeneration, such as. fatty, cheesy, calcareous, mucoid, colloid, waxy, horny and pigmentary. Fourthly lymph may die and thus give rise to ulceration or gangrene.

treatment of course we look after
the general health of the patient
regulate all the secretions &c.
The rational indications in the
treatment, may be considered as
follows. 1 Remove the cause.
2 Remove all secondary causes of
irritation and put the part at rest.
3 Diminish afflux of blood.
4 Prevent strangulation
5 Promote absorption
6 Occasionally we wish to prevent
organization.
7 Restore tone to the tissues.
Now we will consider these indications
more in detail To remove the
cause and insert all secondary

causes of inflammation and but the part at rest is of prime importance and is frequently all that is required for example a spark in the eye all that may be required is to remove and give the organ rest but if we do not avert the secondary causes of irritation our purpose will frequently be defeated for if we remove the fragment from the eye and allow the patient to go in the dust the particles which might affect the organ in health very slightly or not at all would be in all probability be sufficient to keep up the

inflammation which had been
furiously lighted up.
We may assure rest by fostering
the part, application of bandages
or the internal administration
of Opium &c. and one indica
tion which I failed to mention
is the relief of pain which
is also usually met by opium
if it be very intense, but
of course the reckless administra
tion of the drug is not to
be advised, though it is the
best perhaps of all drugs in
the treatment of the affection.
We may diminish the afflux of
blood by position - cut cold

d sometimes by the administration of cardiac sedatives.

Strangulation may be prevented by ~~causing the~~ causing the materials to be absorbed or which usually happens to have to cut into the parts and thus let the strangulating matter escape the incisions should be made in the direction of the fibres not across them.

Absorption may be sometimes hastened by warm poultices which probably soften the lymph and allow the matter to be absorbed at and thus expedite its removal Massage or methodical friction the may spread the lymphoses

a larger area and also may stimulate absorption. Blisters are said to hasten absorption, and the administration of mercury in small doses, and also potassium iodide &c.
When the inflammation is in the neighborhood of joint or in the joint we may sometimes prevent the organization of the effused lymph by massage but chiefly by passive motion. We may restore tone to the tissues by building up the general health, by the administration of quinine and iron, giving support to the affected part where practicable by the application

of a nicely fitting bandage or we may have to resort to the local application of astringents to condense the tissues which have been left more or less flaccid. - I may add that I have not consulted any book during the time I was writing the above consequently guess I have frequently added much unnecessary but think it will give a better idea of the knowledge of the subject which I crave than had I availed myself of the information which I could have copied from books.

J. T. Jones.

Thesis.

Post Partem Hemorrhage

University of Maryland,

Medical Department.

Session 1886-7

James W. Kelly

1.7.5.

Post Partum Hemorrhage.

There is no accident, that can befall the Obstetrician, that requires more presence of mind and prompter action on his part than Post Partum Hemorrhage. Indeed it can almost be said that he has the life of his patient in his own hands, and one should not think of practicing Midwifery unless he has made himself familiar with the cause and treatment of this, this much dreaded foe. If he is to know only one thing about midwifery it should be this: All other troubles that may arise, appalling as they may appear, to the young Physician, unused to scenes in the lying-in

chamber, give time for deliberation, but this does not. Even those older and skilled in the practice of midwifery dread in most of all the troubles with which they have to deal. She knows the necessity of prompt action when she sees the life blood, of the frail and dependent being, who has placed herself, her life and future health and happiness in his care, ebbing fast away. A single gush of blood and the patient is in Eternity. He should be the one to save her from this often times avoidable death. She is as in mine, suspended by a fragile strain, between life and death he should be ever ready and willing to reach forth with his

strong and steady arm to snatch her from the jaws of death.

Post Partum Hemorrhage is one of the most frequent complications of labor; especialy among those who are unfamilian with practice of midwifery. That it is a bromulable complication is shown by statistics. Those young or ignorant in the practice meet with it, much oftener than those older and more skillful practitioners.

There are several causes but the most frequent is uterine inertia or want of power of contraction and retraction. (By contraction is meant shortening of muscular fibres of the Uterus; by retraction change of re-

lation of fibres to one another, the gliding over one another and to cup. Both are to bring the Uterus to its normal size and are necessary for the prevention of hemorrhage. It is in thus understanding the cause and relation that we must depend for successfull treatment. Inertia occurs in case of those exhausted from prolonged or preternaturally difficult labors. It is most apt to occur in Multipara than primipara, as the musculature of the Uterus has been weakened by distention. Occurs more often in Cities among those in high society, who live indolent and inactive lives. Irregular uterine action or hour glass contraction,

which is one part of uterus acting, while the other is inactive, and is brought about by too early interference, in 3rd stage of labor; by repeated examinations and traction on cord. Sometimes it is produced by other causes and is unavoidable. Indiscriminate use of ergot is now regarded as one of most frequent causes of hemorrhage by producing this irregular action, before placenta has been expelled. There are cases which recur repeatedly in the same woman with out any apparent cause and to them we apply name of habitual flooders. These cases are often met with. Over distention of Uterus as in case of multiple gestation or as superabundance

or an excess of liquor amnii, by weakening the muscular fibres of the uterus and also of abdominal muscles is also a cause, in a certain no of cases in which Mr Murray found this condition. Rapid emptying the uterus and not allowing time for contraction and retraction to take place is enumerated as cause. Adhesions of the placenta to walls of uterus, either when division has caused adhesion or nature has failed to separate the natural adhesions, is also a cause and requires special mention and treatment. There are various other things which act, indirectly, as predisposing influences; but I have given the most frequent and important causes

as my space is limited I can not go into minutia. If I were to do so on a subject so important as the subject of the present discourse it would fill many pages and take more time than I have at present to spare and I am sure my readers would become tired of reading so badly compound and written theses as one I can write.

The treatment as I have said before must be based on a knowledge of the cause. As the cause in the majority of cases is Uterine inertia and as nature's mode of preventing hemorrhage depends on strong and regular Uterine action such treatment, as our Prof Mitchenson teach

es, must be prophylactic. We as he says must not let it occur. The Uterus has three sets of muscular fibres and the middle coat is the one most developed during pregnancy. The orifices of the uterus is surrounded by meshes of these muscular fibres and when the muscles contract and retract they squeeze on these sinuses, which are of large size and when the placenta is detached have mile upon mouths, and cause them to contract and thus prevent hemorrhage. In all cases it is best to anticipate hemorrhage to be sure before we leave our patient that such a state of the uterus exists as will prevent any future trouble. It is best as

the contents of the uterus descend to produce slight prepuce as fundus and follow it down in the pelvis as it descends. After the child has been delivered to the nurse place the hand again on fundus and keep it there till 20 or 30 minutes after the expulsion of placenta, until we are sure firm and tonic contraction has taken place. If this plan of treatment is followed out the occurrence of Post Partum Hemorrhage will be to a great extent lessened. When the uterus does not contract and remains flabby, high in pelvis, there is no prepuce or sinuses, they stand open like so many rivulets — and in this condition it does not take many

second for so severe hemorrhages take place as to bring on a state of collapse or as is frequently the case death.
Signs and symptoms The Hemorrhage sometimes comes on gradually and before the expulsion of placenta at others it does not come on for some hours or even days after labor and is preceded by rise of temperature At others it comes on suddenly with out warning to the patient or Physician and the patient may be carried away by a few gushes of Blood which is so severe as to deluge the patient and her bedding. She may lose so much blood as to fall in to state of collapse and remain so for hours with scarcely the signs of life remaining and recover under

proper treatment. The Hemorrhage does not, some times, take place for weeks after delivery and then may take place to such an extent as to endanger life. This is caused by some thing interfering with Involution of Uterus & then woman has not been well nursed or has been exhausting disease or has not remained abed as long as she should.

Treatment. When placenta has not been expelled and hemorrhage has taken place, it should be delivered immediately. Means should be tried to cause its expulsion by Nature's effort alone, by Vis a tergo, by slight but firm pressure on fundus and if this fail the hand should be introduced into the uterus and it should be peeled off from its

side. This should be done with gentle
rub and at same time slight irritation
should be made on nals of uterus.
The hand should be held there till
firm contraction takes place suffi-
cient to cause expulsion of hand and
the placenta. This will generally suffi-
ice in these cases. When the pla
centa has already been thrown off
and hemorrhage takes place administer
ergot hypodermically and apply cold
water so as to shock. A towel dipped
in cold water and flapped over thighs
and abomen does as well as any thing
and is as efficient as throwing water
on from a pitcher which dellyge the
patient and does harm in other ways.
Be careful in vaginal and allowed to

with them Injections of hot water not so hot as to scald or ice water both do good when injected into the Uterus. Lumps of ice can also be passed into the Uterus and allowed to melt thereby have hemostatic effects. If these means fail do not hesitate to pass the hand into the Uterus and scrape the walls - this often proves most beneficial of all. One pole of a faradic battery passed into uterus and a current passed often is means of saving life. The last means that should be tried is Styptic Solution, they often prove beneficial for stopping hemorrhage but the woman is most sure to die from Septicaemia The clots become pus are absorbed &

Produce poison. The simplest means of applying this is to soak sponge in vinegar and soap into uterus and squeeze out. The most sure remedy is tinc. of perchloride of Iron diluted to one fourth strength and injected into the cavity of the uterus. Do not use tampons as they only conceal the hemorrhage and do not check and afterwards set up septicaemia. If you apply solution of perchloride of Iron, you must keep patient very still as moving around will dislodge the clots formed.

When there is syncope all means should be used to stimulate the patient by inhalations of alcohol and carbonate of ammonia should be used external warmth and friction by rubbing to-

exhaust as not to tend to increase the hemorrhage. The best means to stimulate the failing heart in these cases, in my opinion, is hypodermics of Ether. I saw a lady in consultation with my preceptor, who had flooded till she was pulseless for six hours revive under the use of drachm doses of Ether hypodermically every hour. When these means fail, transfusion should be performed and it will often prove beneficial. Nutritious and stimulating food should be given. The after treatment must be bones good food cleanliness and fresh air.

Do not leave a patient who has pulse and temperature of over 100

as it is always an indication of danger.

We should try to prevent those cases of late hemorrhage by keeping the woman in bed the requisite length of time. Give tonic treatment to those enfeebled and good food fresh air and cleanliness to all cases will tend to prevent the trouble.

James W. Kelly

Thesis of
Lucius [illegible]

Class 1886-87.

25

[illegible]

[illegible]

[illegible]

[illegible] is usually a distinct rigor, the temperature [illegible] and pain are severe in an adult.

The latent period, or incubation, and the development of the disease varies from a few hours to eight and ten days, but the majority of cases are seen from [illegible] to [illegible] days after exposure, when the manifestation of inflammation usually indicates a severe attack. The attack does not [illegible] the individual from a second.

In children and some women we decide in favor of the [illegible] state. We [illegible] a [illegible] and [illegible] to [illegible] days. The patient's attention is first drawn to the meatus.

[illegible] dans
une [illegible] qui a [illegible],
[illegible] dessiné [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible], [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible]

[illegible] cream-like consistence, of a [illegible] yellowish color and are lying upon [illegible]. The lips of the [illegible] are red, swollen and painful, sometimes even [illegible]. The swelling is not confined to the [illegible] but involves the [illegible] and extends a [illegible] distance in the [illegible] direction. The urethra is swollen and tender to the touch, even the lower [illegible] is painful. Great pain is occasioned during this stage by the passage of urine along the urethra in micturition, and, as a consequence the patient dreads the necessity of urinating. The glands themselves are

[illegible] congestion [illegible]
are spared from using the abdom-
inal muscles and diaphragm in
the act of lessening the stream.
There is a frequent disposition to
retention at night, accompanied by
some pain along the course of the urethra.

This condition may last sev-
eral weeks and then will be ren-
dered to do so, unless combatted by sa-
ficient remedies. Sometimes this sub-
sides under very simple treatment
while at other times active measures
are required for its subjugation. The third stage is now be-
ached. The pain in micturition
begins to subside, stream becomes more

[illegible] discharge [illegible]
so [illegible] abundant [illegible]
[illegible] at a time [illegible]
turns, mucous or mucous and purulent. This finally in favorable cases disappears, or it may persist indefinitely and become chronic and in time known as Ulcer.

The foregoing description of symptoms does not apply to all cases of Gonorrhea, some are more mild, a person who has it for a second time [illegible] symptoms show themselves at a shorter period after exposure. This again in cases where exposure are still more severe.

Causes and nature of Gonorrhea

rhœa.- There can be no doubt but that certain cases are the direct result of contagion. Again some authors claim that certain cases are not the result of contagion. We believe that a latent condition of the disease in one sex will explain many of the non-contagious cases.- Some claim again on the other hand that coitus taking place during the catamenial period will set up a clap. This may take place, though it is open to suspicion if a genuine gonorrhœa is ever communicated in this way. A urethritis may be set up, it is true, but it remains to be seen if this will set up a similar inflam-

vation in the urine part, a case of this kind came under our observation during the past summer and as far as our observation went it was to be nothing more than a simple inflammation, entirely without any of the contagious characteristics of a true gonorrhoea. Clap-Writers again claim that women with leucorrhoeal discharges may set up this disease, which we believe has been disproved at least it yet remains sub judice. At the present time the believers in the specific form of gonorrhoea rest their belief upon the existence of a micro-organism in gonorrhoeal pus, which was discovered by Neisser in

[illegible] and was called by him in)
[illegible]coccus gonorrhoeae and known
since as the gonococcus. "Bockhart had
succeeded in artificially cultivating these
micrococci and in producing the
disease by inoculation with the cul
tivated organisms". He might con
clude by saying: the balance of evi
dence is in favor of there being a spe
cific contagium in gonorrhoea.

Lecture. - The seat of the urethritis
is at first in the mucous membrane
of the fossa navicularis, whence it
travels onward usually not extending
further than the membranous or bul
bous portion of the urethra. The inflam
mation may also extend to the sub-

[illegible] cous tissue, to the [illegible] about the urethra, to the prostate, to the neck of the bladder and to the Epididymis in one direction or to the bladder or even the kidneys in another.

Diagnosis.— It is necessary to distinguish gonorrhoea from urethral chancre, which, however is easy. Urethral chancre is never more than an inch from the meatus, nearly always situated not within an inch, and the ulcerated surface can be seen if the lips be separated, or a short aural speculum is introduced. The discharge differs, that of gonorrhoea being thick creamy like, that of chancre, thinner and less abundant, and shreddy, though

is more and more abundant than it would be if the chancre was upon an exposed surface. The seat of pain upon micturition will also indicate the disease present. It is difficult to distinguish between gonorrhoea and simple urethritis, when no history is given. Excess of the prepuce or the foreskin may cause urethral discharge which is distinguished from gonorrhoea by the history and condition of the patient.

Prognosis. - It is very common to speak of this disease as though it were a trifling affair. However, the prognosis is favorable if proper precautions be taken early, but in spite of

these precautions the disease is sometimes most severe, especially in young lads of lymphatic temperament, or in men of nervous irritable constitution. It is undoubtedly true that a very large proportion of cases recover with very little inconvenience, but it is also true that a large number suffer from serious complications, and if the case not attended with these complications a large proportion recover within months and weeks from the disease or finally causes. Further, Gonorrhoea has caused death through pyaemia, and more often still it gives rise to ankylosis or other principle disablements; while it is the predom-

inflammatory cause of stricture. - No conscientious practitioner can promise a cure in any definite time. From ~~four~~ to six weeks is the time given by most authorities in which to expect a cure, but in a very large proportion of cases the time required is much longer and cases are quite uncontrollable. Complications are very numerous. The complications of gonorrhœa are (1) Balanitis, posthitis (2) Phimosis or Paraphimosis: (3) Retention of urine; (4) Lymphangitis and Adenitis; (5) Stricture from the urethra; (6) Peri-urethral abscess (a) near the glans, (b) between the layers of pelvic fascia (c) Cowperitis; "Inflammation of neck of bladder"

(8) Proctitis; (9) Inflammation of the Rectal mucous membrane; (10) Inflammation of spermatic cord & epididymitis acute or chronic (11) Conjunctivitis in infant. (12) Scleritis acute (13) Rheumatism of the fascia, great nerve or vessels: acute synovitis (14) acute or chronic osteomyelitis and (15) Varicocele.

Gonorrhœa in the Female. This may be acute or chronic & consists in inflammation of the vagina which commences often but not necessarily at the vulva. It extends to the uterus in one direction and to the urethra in the other direction. Thus it involves all the mucous membranes in the genitals

Origin attacking the vulva it causes abscess of the accessory parts, occasioning for example of Bartholin glands or of the lymphatic glands of the vulva and vestibule it becomes very obstinate.

Symptoms. - These are in the acute stage, swelling of the genitals, heat or itching, smarting on making water and aching pains in back and loins the mucous membrane becomes dry and bright red. An abundant discharge of thick yellowish pus occurs. When this discharge is not profuse [illegible] the inflammation [illegible] and [illegible] together the [illegible] and [illegible] a most disgusting odor. The labia be-

comes excoriated and indurated to such a degree as to render walking and sitting very uncomfortable, and patient is required to lie. The acute symptoms are on the decline in from two to three weeks.- When it becomes Chronic, the pain, swelling and congestion diminish or cease. The discharge, less copious, remains plentiful and the disease is very apt at this stage to locate itself in the post cul-de-sac, and there continue without limit of time.

Diagnosis. To distinguish this disease from simple acute vaginitis must be extremely difficult, in fact in many cases it is impossible, for then the symptoms can be regarded as positively conclusive.

Pus in the urethra; great acuity in development, transmission to the prostate gland indicate gonorrhœa.

Prognosis.- This is favorable should it be cured before it becomes chronic and dangerous complications are very ~~un~~ common.

Complications.- The complications possible for the two sexes to have in common differ little if at all in women from those in men. Women have also a liability to a complication of their own peculiar organs. Inflammation of the Bartholinian glands is very common. Intra uterine inflammation, abscess of the Fallopian tubes, ovaries, pelvic peritonitis and cystitis.

Treatment. - The treatment to be followed may be divided into three classes: Prophylaxis, Abortive and Systemic.

Prophylaxis. The best, safest, practic and only reliable one is the avoidance of all danger of infection. Injections to meet that end often help to produce the very inflammation they were intended to prevent.

Abortive. This is intended to cut the disease short by causing it to disappear before acute inflammation arrives. It is always dangerous and rarely if ever successful.

Systemic or Curative. This consists in carefully adapting treatment to the condition of the patient as

first aims of importance, putting the inflamed organ at rest and the avoidance of irritation, exactly as we would treat any other actively inflamed organ of the body. The patient in whom active symptoms disappear most rapidly and easily are those who are confined to bed from the first by some other disease or accident. All exercise not imperatively demanded should be given up under all active symptoms are past. Abstinence from alcoholic liquors and sexual excitement is necessary. Thin nourishing food should be needed. Tepid baths and great cleanliness, with supports for penis and testes are use-

the stimulants should be avoided. Tobacco in moderation. A light diet of fish, milk and vegetables and farinaceous and laxatives. During painful urination the pain might be eased by the cold water, or hot water injections into the bowel.

It is also of great importance to render the urine alkaline during the scalding of the second or acute stage. The administration of some alkali produces the desired effect upon the patient. For this purpose it should be given until digestion is going on. The Bicarbonat of Soda is probably the best preparation to use, because of its non-irritating properties and

with pleasant taste. The acetate, citrate and bicarbonate of potassium may also be used combined with a flavored tea. Lemon juice in the urine guarantees the credit to the internal use of the remedy. When the urine becomes alkaline the dose may be diminished.

Injections. There has arisen of late years a great controversy, whether or not the employment of injections are not the cause of stricture and epididymitis and many practitioners of high standing will not employ them at all and rely entirely upon internal medication. While others use them only secondarily as it were.

making use of them when failing by other means to arrest the disease. Another method is to employ them after all acute inflammation has passed away or when the disease tends to localize itself. Injections should be employed in the early part of the disease even in the first stage and with much benefit. I have some years employed injections as soon as ever I could obtain the consent of the patient to let me use them and have never in a single instance had to regret doing so."-

The substances used for injections are very numerous. The most in

portant of which are, Tannin, Nitrate of Silver, Sulphate and Acetate of Zinc and Lead. Tannin may be used in solution of 3 to 1 oz increased to 1 oz. The Tannin astringents rarely fail to produce good results and may be used throughout the whole course of the disease. If begun early it will cut it short in four or five days. When it fails Zinc if Zinc are to the Ex should be employed, or the Nitrate of Silver may also be used. - When a patient presents himself for treatment when the disease is in the inflammatory stage, and is very severe, it is well to wait for its abatement, before we

resort to the astringent injections, employing in the interval injections of hot water. The fact that astringents are less certain in this stage of the disease is probably because it has spread into the posterior region, where an injection cannot reach so easily.- Then again, we should not only see that the patient is provided with a good syringe but also that he knows how to use it.

Cubebs and balsam of copaiba are also efficacious in the treatment of this disease. They act as salt of antiseptics through the system. There is no doubt that many a case has

has been cured through their influence, by the use in free doses. It is this disadvantage in the use of balsam of Copaiba, that it derangers the digestive organs and when it does that its action on the disease is nil.

The long duration of a gonorrhoea is the most frequent cause of stricture. The early use of injections and consequent speedy stoppage of the blennorrhoea is the best prevention of their occurrence.

In women the same treatment should be followed out. In the early stage, preceding the use of astringents, warm water injec

tions should be employed and a method of thorough cleanliness adopted. All injections to be made with the patient in the recumbent position. Churchill's Tinct. of Iodine has been employed and with extremely good results when the disease tends to localize itself in the interior or exterior cul-de-sac of the Vagina.

Chordee. - For the relief of chordee many drugs have been advised particularly Camphor, Hyoscyamus and Opium. Camphor needs to be given in very large doses. Half a teaspoonful to a teaspoonful of the Tinct. on going to bed to be repeated every time the patient wakes with chor-

dec Rectal suppositories and slow intra-
venous are favorite and convenient meth-
ods of treatment. The Bromides on the
whole are most reliable but must be
given in full doses. It will require 3i
to gain the desired effect and from a large
dose may be needed at first. Plan-
is to give xxx at 3 h and repeat
p.m.

[Diphtheria]

By Chas. C. [illegible]
[illegible]

190

Diphtheria

is a specific, infectious, disease in which there is generally a formation of false or fibrous membrane. This is generally found on upper air passages, but may be found on any mucous membrane.

Diphtheria is a very old disease dating back as far as the Christian era. Its distinctive character was first definitely pointed out by Bretonneau in 1821 and again 1826. Anatomical character. In the larger number of cases the disease begins as a coryza. The tonsils are leaden engorged and covered with an exudation. The tissues are, due to infiltration into mucous & submucous tissue. The mucous

to pharynx, larynx,
trachea, and bronchial [illegible], up
wards to position no[illegible] [illegible]
tube, but in the larger number
of cases this is limited to tonsils
fauces and bronchial mucous membrane
In a short time generally 2 or 3
hours to a day the lymph is de
position is [illegible] or the surface
within a more or less dense,
elevated, opaque, containing has
been formed, this is the so called
pseudo membrane. It has been dis-
cribed as having a resemblance
to a [illegible] of chamois skin.
It is whitish or ash colored.
but is often discolored by

roots, croups, or membranes combined. The deposit is either in continuous sheets or in patches in irregular portions, or [illegible] surrounding [illegible]

[illegible] le of redness. On microscopic examination it is found to be composed of fibrin, granules, the epithelium of parts from which membranes were torn pus, blood corpuscles, and mucus. It is identical with the membrane found in true croup. It death does not occur this membrane is thrown off in 30 11 days but may remain as long as 30 11 weeks. When torn off by force it is very tender to touch [illegible] 11 times. It generally comes off in small [illegible]

being gradually worn away, by the secretion from neighboring glands. Again it may come in large pieces, being a complete cast of parts from which it was taken. Some very interesting cases are reported in which casts of trachea, larynx, oesophagus, and even intestines, and uterus, have been thrown off. The pseudo membrane can be distinguished from follicular secretions, by the fact that latter is not firmly organized and [illegible] of follicles of tonsils and [illegible]. Of morbid conditions one [illegible] is [illegible] which belong to the sequelae of the disease. Paranchyma

nephritis is found in some cases. The urine is albuminous and found to contain hyaline and granular casts. The spleen is enlarged and stained. Organs of blood are found in different organs. The blood is darker than normal. The air passages are decreased in size which is due to swelling and deposit. Symptoms There is a great difference in the development of diphtheria the disease may announced by a very mild symptoms or by very severe and pronounced ones; such as severe chill, very high fever, febrile movements, delerium, convulsions and death in a short while

But in by far the greater number of cases begin with feeling of languor, malaise, slight rigors, mild febrile reaction, headache, not very severe, pain in back and limbs, loss of appetite, slight tenderness, and a sense of fulness in fauces. After the disease is fully developed the sign or local and general or constitutional. The lesions in throat are not attended with much pain, on the contrary there seems to be an diminished sensibility of parts involving gives rise to some pain and if there is paralysis of the muscles of deglutition you have a return of food and

liquids Through nose. If the
excitation is profuse you may
have recent tonic pharyngeal spasm
on expiration and inspiration.
The breath is very fetid, having
the odor of gangrene of lungs.
If the bronchial membrane is inflamed
food when taken in to mouth
will give rise to pain, increase
flow of saliva, loss of taste difficulty
of speech & difficulty in articulating.
If posterior nares are invaded this
will give rise to an offensive
discharge, which if allowed to
flow over the lip will excorate
and produce scarring of skin
exposed. An extension of pseudo
membrane to larynx give rise to

True Croup with its symptoms, cough hoarse and barking in character, dyspnoea, difficult respiration or changes in voice, and spasm of suffocation. The face is congested. or [illegible] wears a look of distress anxiety and suffering. If the voice remains clear during the disease we can exclude Croup. The disease sometimes begins with chill followed by rise of temperature not generally high, but reaching in some cases to 104° or 105°. The fever subsides in a few days. If bronchitis occurs it will be more or less elevated. The max. of fever is so characteristic that [illegible] 105°

[illegible] confirmation on [illegible]. The pulse is more or less accelerated and soft and compressible in the [illegible] Epistaxis occurs very frequently and in some cases to such an extent as to call for treatment; hemorrhage from other organs are seen gums Throat &c. [illegible] Mental and [illegible] [illegible] a slight fever. Loss of appetite [illegible] amounting in some cases to a repugnance in the general [illegible]. Vomiting & nausea are frequent symptoms and when attended with anorexia are premonitory of a fatal termination. Convulsions and coma may occur in any

stage of diphtheria. Anos[illegible], albumin, and in some cases dropsy are sequelæ; among most [illegible] sequelæ are paralysis of pharyngeal muscles. This is shown in attempts to swallow, when food may return through nose. The muscles of lower extremities are the next most frequent, paraplegia. This comes on gradually and passes off in 2 to 8 weeks. The organic [illegible] in a few cases as shown by loss of taste, smell, hearing and [illegible] in [illegible]. Chorea and Pores. This disease depends on certain [illegible]

Causations As is the case with all epidemic diseases, Diphtheria depends on a specific c[illegible]

is supposed to be low organism or bacteria. all ages are not equally liable to the disease, in the young it is more often seen the ages which are most prone or from 1 yr to 10 The liability is less a[illegible] advanced life. all classes and occupations [illegible] to be seen. Diagnosis The diagnosis is not [illegible] [illegible] membrane makes its appearance. The [illegible] the history of it prone to diphtheria [illegible] tonsilitis Follicular

Causation As is the case with all epidemic diseases, Diphtheria depends on a specific [illegible]

is supposed to be low organism or bacteria. all ages are not equally liable to the [illegible] young it is more often seen the ages which are most prone are from 1 yr to 10 The liability is less as the ages advances. In all classes and occupations The disease is to be seen. Diagnosis The diagnosis is not easy before [illegible] membrane makes its appearance. The symptoms with the history of exposure to Diphtheria may [illegible] tonsilitis

Follicular

as in both. you have fever, tenderness and a white deposit on throat. In pharyngitis the deposit is diffuse equally over the whole throat, and can not be detached in strips it also dips down in to substance of organ, which is diphtheria the membrane as in irregular patches and can be removed in strips and does not dip down in to substance of organ. From suppurative tonsilitis by absence of fluctuation and pus which presents in tonsilitis, with [illegible] this can I think the same disease in different organs

and will be recognised by change in voice which occur in croup also the absence of enlarged glands in cervical region and albumin in urine in Diphtheria. Prognosis In perhaps no other disease can you at times be less certain as to termination than in diphtheria. The ratio of mortality is very different in different epidemics. A very mild set of symptoms may usher in a very severe form of the disease or vice versa. So the young physician should be very cautious in giving a prognosis especially a favorable one. Death may

occur from: 1 Blood poison 2 or 2 obstruction of Lymph 3 Uraemia 4th as chronic 5 Congestion and oedema of lungs. There are a few symptoms which will assist in making prognosis anorexia, persistent vomiting, weakness, chronic free discharge from ears, and then outlaque from nose and other mucous surfaces on all body orifices. Treatment when the disease is seen early it is a local disease and may be treated as such. The best treatment is perhaps to use a spray of lime water to which is added a few drops of carbolic acid. The Throat may be sprayed and

every 12 hours. The [illegible]
of the violent cases have
been recommended by some.
[illegible] disease however. The temperature
may require treatment as it
reaches 102° or 103° or even
more; this can generally be
reduced by cold baths and sponge
or gas may give Quinine
to child 5 gr [illegible] 4 or 5 gr may
be given every 3 hrs. [illegible]
few doses, vomiting is some
times a distressing symptom
and if this can be controlled
will add much to comfort
of patient. [illegible] of
Calomel 1/10 gr. even [illegible]

Some times act very kindly;
small pieces of ice may be
swallowed and a mustard
plaster applied over stomach.
If this, however is not followed
by success. No specific has
yet been discovered for this
so we have only to support
patient strength by food
easily assimilated, stimulants
if called for and treat symp-
toms as they arise. After
1 or 2 days tonics, are generally
called for. The Fluid Extract is
a favorite prescription with
many physicians given with
chlorate of potassa or soda.
The latter for its antiseptic

[illegible] Appeal.

[illegible] might [illegible] [illegible]
[illegible] [illegible] the following
[illegible]
[illegible] aa ℥ij
Syr simplex ℥ iv

℞ ℥ij every 2 hours in water. Alcohol
must be used to act as in
all other acute diseases. The
patient should be given milk,
beef tea, animal broths, eggs
[illegible]
In some cases stimulants should
be given. Their effect watched
closely. They may [illegible]
[illegible] of [illegible]
toddy, or any form, most agree
able [illegible].

16 p.

[illegible]

[illegible]

[illegible]

Antipyrine
($C_{10}H_{12}N_2O$)

Origin: Antipyrine is one of the [illegible] obtained from coal tar.

History: It was [illegible] in 1883 by Dr. L. Knorr [illegible] Erlangen. It is one of the strong [illegible] acid properties. It has been [illegible] on the other side [illegible] Alkaloid.

Preparation. Antipyrine is made from [illegible] and aceto-acetic ether. The [illegible] is converted into [illegible]

then cheat [illegible]

surfaces of the [illegible]

[illegible]

Medical Use:

[illegible]

[illegible]

doses sometimes as much as 120 and 150 grs. at a single dose.

Taking into consideration these few cases of collapse and that other observers have noticed similar symptoms of collapse, therefore it would be wise to give antipyrine guardedly where the heart muscles are weak or where there is a tendancy to cardiac depression in the course of the disease. It is well to notice that these depressing effects were not observed as occurring in cases of typhoid fever in which disease the medicine has been mostly used and in largest doses.

In a paper on antifebrine read before the "New York Academy of Medicine" April 3, 1885, by Dr. Wm. Draper, he reports 20 cases of typhoid fever in which it had been used. Most of these cases were severe as only 15 recovered. In one of the fatal cases the temperature remained at 104°F after the employment of cold baths, and came down to 101.2°F after the administration of antifebrine. In another case 75 grs reduced the temperature to 93°F, without producing any other sign of collapse. He noticed that under its influence the tongue became clean and moist, and there was improvement in the hearing and general mental functions

The high temperature of febrile phenomena has almost invariably been reduced by the hold use of antipyrine.

Antipyrine has been found quite useful in treating acute articular rheumatism. Prof. Pribram thinks that it is as useful as salicylic acid in this affection. On the contrary Prof. Lenander Fraenkel does not think that antipyrine is efficacious in reducing the temperature of acute rheumatism or malaria. Dr. Sarah Welt used it quite successfully in the treatment of articular rheumatism. It has also been used in this affection, with success by Neumann of Berlin, by Alexander

Demme and Lenhartz.

Antipyrine has been used with good results in the various stages of phthisis. Dr. Pribram says it seems to diminish the loss of body weight in advanced stages of this disease. Some observers seem to question the power of diminishing this loss of weight; at any rate it has been proven that if it does not diminish this loss of weight it does not increase it.

Some people object to the employment of antipyrine in this affection, on account of the profuse perspiration to which it sometimes gives rise. Dr. Kohler [illegible] on seven cases with very good results

He noted that some of these required very small doses to account for the desired result. This was so charac[illegible] that diagnoses of phthisis were made, and subsequently [illegible] proved by autopsy, at the disease could be discovered. It is not well to employ antifyrine in phthisis except where the temperature has become excessively high.

Antifyrine is a remedy seldom indicated in the febrile affections of children. They require very small doses of the drug to produce a rapid fall of temperature which will last sometimes for as many as twenty four hours. The succeeding rise of

temperature is not of it.
It should be given cautiously in the grave forms of diphtheria and in very weak children.
It has rarely produced vomiting and is not followed by those symptoms of cerebral congestion that follow full doses of quinine and salicylic acid. Dr. Demme recommends that it be given in three doses the first of 1½ grs, the second 1½ grs and the third 1½ grs. Dr. Pennoldt gives as many decigrammes (1½ grs) as the child counts years, this dose to be repeated hourly until three doses are given. This dose may be increased if it prove insufficient.
It is only rarely that the organism

after prolonged employment becomes habituated to its use.

L. A. Argutinsky had five cases of croupous pneumonia in children, ranging in age between 4 and 8 years, in which antifebrine was tried. It was administered dissolved in water, and was easily taken [illegible], caused no unpleasant symptoms and produced but little sweating. Out of twenty [illegible] administrations of the drug vomiting occurred only twice, and general malaise but rarely. Within three hours there was a fall of temperature, which sometimes went below normal without producing any symptoms of collapse.

invariably there was an improvement in the subjective symptoms; the pulse grew stronger and less frequent and more regular. The pulse did not vary in rate so quickly as the variations in temperature would apparently warrant. The convalescent use of temperature was gradual, sometimes extending over half a dozen days more.

In experiments on healthy children, I have generally succeeded in reducing, without altering the normal daily variations of temperature.

Dr. Otis P. Dorr's report of a case of puerperal fever, treated successfully by antipyrine as a last resort.

The patient [illegible] in 70 grs. [illegible]

[illegible] recium. after this the patients [illegible] were [illegible] improved by large doses of antifebrine.

Antifebrine has been used in the febrile stages of a great many [illegible] with the result of lowering the temperature without influencing the course of the disease.

It would not be out of place to mention here some of the conditions calling for antipyretic medication. First let us consider what is characteristic of fever. There is an increase in the number of beats of the pulse, and respiration, the temperature supposed to be due to an increase of the combustion of the body.

Antipyrinics do not reach the cause of the disease, they only reach one accident of it. By accidents we designate the phenomena we do not understand the course of the disease, we can not cure, we can only diminish the duration or [illegible] the temperature of 105°F or more.

Dr. Hughes has said that in clinical practice we must have no antipyretic medicine [illegible] are antipyretics or [illegible] that are directed against the natural rise of temperature.

All physicians are [illegible] to combat this high temperature which is great danger in the

various ways to be applied.

Administration and dose.

It may be administered in the form of powder or tablets or solution. It is little but slightly objectionable as it can be easily disguised by some bland menstruum, or its taste removed by eating bread crumbs after each dose. R. 5 j. q. p. 4 or 5 doses Syr. Vol. to disguise its taste.

Antifebrine may be given in doses of from 15 grs or less to 30 grs or more. The requisite dose of antifebrine to reduce the fever of the acute febrile diseases, such as typhoid, erysipelas, pneumonia &c, is larger than is required in chronic diseases, and affections like phthisis in which

there is great variation.

Dr. Sarah Welt gave 2 doses of 30 grs each followed by a 15 gr dose. [illegible] gave it by the rectum in increasing doses, several times as high as 120 and 150 grs to one person at a time.

Dr. Hoff also found that [illegible] dose of antifebrine varied for the same [illegible] the [illegible] analogous [illegible] Others require very small doses. Dr. Reichten gives [illegible] repeated [illegible] if the dose [illegible] will [illegible]. Dr. [illegible] that the mode of administration be changed frequently.

to avoid as far as possible the nauseating effects of the drug. Quinine may be administered by mouth, by rectal injection, or hypodermically. The best way of administering it is by the mouth; rectal injections require larger doses, and the result is not so uniform; given hypodermically the fall of temperature is more rapid, and there is no tendency to vomiting, but it has sometimes brought violent inflammation at the point of puncture. As is the case with all drugs, one has to exercise his judgment in its administration.

Harry C. Knipp,
Baltimore Md.

To Medical Students

[illegible] something long
[illegible] to the [illegible] in what we are [illegible]
[illegible] patience [illegible], though [illegible]
Golden thoughts crystallized into a
few short words and on [illegible]
& furnish an offering for a [illegible]
[illegible]; for these thoughts find [illegible]
[illegible] [illegible] [illegible]
[illegible] of [illegible] effect that
[illegible] science of [illegible] and
of [illegible]. A distinguished [illegible]
of [illegible] said that the [illegible]
said to the Medical Profession [illegible]
[illegible] of the skeleton of the [illegible]
& this certainly seems [illegible]
[illegible] in life for [illegible]
one [illegible] [illegible] of [illegible]
Observe the diligence, perseverance and

[illegible] lice of even the [illegible]
[illegible]tioner, & were it not for our familiarity with his daily rounds, we should [illegible] to our gratitude & admiration. On [illegible] limited a space, it is impossible for me to give you a outline of the history of Medicine, except to say that its antiquity & history give it dignity & the [illegible] of the [illegible] is crowded by the record of the [illegible] of [illegible] age. [illegible] the practice of the physicians of any other age, who impose on the credulous & simple titles, humbug, by absurd pretence & vile nostrums; but of the men who

[illegible] studied & do study Medicine
[illegible] science, & [illegible] the [illegible]
[illegible] to [illegible] [illegible]
[illegible] [illegible] [illegible] to the
[illegible] of the [illegible] the [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible], & [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible]
[illegible] of the [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] the practice of
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible]
practices, in [illegible] [illegible] [illegible]
[illegible] the practice of [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible] to the development
of the sciences. There is [illegible]

[illegible]

[illegible] Waterloo. [illegible] the [illegible]
soldier amid the [illegible]
circumstances of glorious war, [illegible]
[illegible] that [illegible] is entitled to
[illegible] the [illegible]
hostilence? Why [illegible]
[illegible]
moved while loud mouthed cannon
[illegible] belching musketry send forth
their deadly missiles, & the mere
[illegible] [illegible] to hold [illegible]

with,
the cure of disease,

mankind owes
to the simple discover
tion: & it does indeed
reproach upon civilization

[illegible]

190

A disease little known in this country but it does sometimes occur as an Epidemic [illegible] as an Endemic disease.
The recent researches of Drs Lewis & Cunningham have led them to believe that it is independent of any germ or poison but can be caused by the aid of the microscope.
It can be communicated from one person to another,
And this present is a contagious fever no doubt. The main channels of contagion are the stools [illegible] of drinking water with [illegible] & it is worth thinking that bathing in sea water [illegible] hold what there stands

21p.

harmless when first passed and that the poison is generated, after they are allowed to stand four or five days. After this time the admixture of an exceedingly minute quantity of these stools will impart the power of generating the disease to a large body of water. if this is taken into the system. This may be due to the rapidity with which this poison increases in water especially if exposed to the sun. It has been proved beyond a doubt that milk does away this poison as it does in hydrophobia fever and possibly many other diseases will be found to this same before long.

It was the year 1832 that the Cholera "Pest" first made its way to America. In this year some vessels from British ports came to Quebec a person having died on the way. Thus this disease entered and broke out in Quebec, Montreal and every where these [illegible] but no where did it come as bad in the U.S. and an Epidemic occurred known as the Epidemic of 1832. It appeared again in 1833 and in 38 it was again imported by ships coming Great Britain then it came exist for a period of ten years. This time it was imported by vessels from France on Canada

in New York [illegible] at New Orleans La. where 200 persons died. It then spread up the Miss. Valley and by the overland route to Sacramento City. New York was only partially infected with it in a Quarantine station only.

The City of Baltimore seems to be entirely free from this death-dealing Air. & the U.S. were entirely free, from it, in 1854 & the year 66 the last. not a single case having been reported during the year. It unfortunately made its appearance again in 1873 which was the last time it was here. and it was brought by Emigrants who came over from Europe

with their luggage sealed tightly. They landed and went to their assigned quarters 20 hours after their voyage was done. [illegible] worked out & nearly all of these persons finished their Emigrant run from India and this with the above furnishes us with, ~~one, one~~ Cholera originates in India and it follows in the track of Hindoos and travellers from India to the other countries where it becomes Epidemic or Endemic as the case may be. And it is a strange but true fact that Cholera almost always enters the U.S.A. via. N.Y. & Phil. this may be due to the fact that most vessels that fly thither

the U.S. & Indian port have P.E.
as one of their enemies. and this
P.E. is the largest City in India
and like all large City diseases
[especially Cholera when once in]
finds a favorable home and thus
it spreads, of all the City in
Punjab portion is best suited
for nursing and propagating
Cholera and simply [illegible]
of the crassin filth found and
no wonder then that P.E. is an
Entry port of this and other maladies
that suck filth-ve.
It is clearly shown that a strict
quarantine will restrict it and limit
it progress. as happ when it was

kept at quarantine, and at N.O. Li
when no quarantine ullis existed, it
finally reached the City of Incarnat
I had a theory viz. that a large
body of water has a tendency to
purify due to absorption but I
took a wrong view, as was proved
at N.O. when the [illegible] of
Ratio is one mile wide. and beside
landed opposite and the disease
promptly appeared [illegible] the Ganges can be
[illegible] in and it was
in this river that a person from [illegible]
Cholera bathed. and the [illegible]
became infected - and an Indian
in crossing

some where [illegible] of infection [illegible] ration. [illegible] infected & going [illegible] and was taken sick and [illegible] ks out, in this way. & comes to Europe by the shipping of one thing and another & so it spreads.

A natural Charactis. There is usually in most cases a rise of temperature and the body [illegible] condition, after this passes off Rigor mortis sets in rapidly. and there are often powerful muscular [illegible] & [illegible] the body having been seen on one or two occasions only, it set up [illegible] as long as usual hours. as impossible as this may seem. it is true

this is in very marked cases and has only been noticed once or twice and there is witnesses whose, presence can, make it true when they state it. The tissues show such muscular contraction that tissue and death they have been seen to place their hand to their mouth = c^d seen that Prof. L. C. Chand M.D. (Prof of Physiology & Materia Medicin at the School of medicine Anno of M^c) states that he has seen this on his lectures on Asiatic cholera for 1880 + 86)

The skin is mottled, [illegible] blue - this is especially true in dependent parts and the limbs are much shrunken.

These appearances are not [illegible]

There is usually, a peculiar distribution of blood. The left cavities of [illegible] in a state of contraction & rigid and almost or, quite empty. This is the case with the arterial system generally. The cavities are full and distended with blood & the Pulmonary [illegible] & veins contain little or no blood. While the Pulmonary artery contains much [illegible] The lungs [illegible] collapsed & in some cases almost completely airless & bloodless –

Occasionally there is [illegible] This is known as disease [illegible] and some holding that it is due to post mortem changes [illegible] of the left [illegible] and arteries.

into the capillary and venous systems by
Post mortem rigidity, that if the examina
tion be made immediately after death
both sides appear alike as regards
their [illegible] - Most of the organs
of the body are usually pale and shrunken
their capillaries are empty - [illegible]
[illegible] kidneys are usually more or less
injected - The blood frequently much changed
in chemical as well as physical characters
being [illegible], dark and tarry looking, becom
ing lighter when exposed to air and
sometimes there is a deficiency in
coagulability - Ecchymosis is common
present under serous and mucous
membranes. I could then mention
many other characters but I have more of this subject to the

[illegible] - The disease in typical cases

affords a well defined clinical entity

and it is divided into certain stages. The

Incubation period lasts a variable length of

time and it ranges according to [illegible]

observers from one to seventeen days but from

two to five days are as a rule sufficient for

this period. The Invasion stage in many

instances not apparent the disease exceedingly

manifests itself in all its [illegible]

[illegible] is the most important symptom

seen & this may or may not be attended with

griping - Disturbance of nervous centres has

also been noticed sometimes tho. many

doubt their reality such as a sense of

languor & giddiness headache and dizziness

the stage is a [illegible]

3rd Stage of evacuation or debilitement as it is sometimes called. The prominent symptoms of which are a severe purging & vomiting and an malignant discharge having specific characters and [illegible] and peculiar names [illegible] diahrrhoea. much prostration & sometimes a complete collapse combined with restlessness. the purging is constant & followed by a sense of exhaustion and a feeling as if the Epigastrium was sinking. The stools are very peculiar resembling and at first colored by the contents of the intestines but soon present the characteristic Rice water stools which looks like water [illegible]

and at this time they are perfectly liquid, very pale, opalescent and sometimes milky or whitish and having but little odor. If allowed to stand a while a sediment falls, which resembles flakes of boiled rice and having a [illegible] like fluid are [illegible] from a pint of fluid weighs about 900 gr. The chemical composition of stool is for the most water holding in solution [illegible] or two of the salts of [illegible] Potassium [illegible] the chlorides of Sodium and but very little albumen and other organic matter. This [illegible] some suspended [illegible] mucus. Cramps, severe, set in about this time. [illegible] the thirst is severe [illegible]

Now the Stage of collapse set in. There is no abrupt commencing but a more or less rapid passing, [illegible] the [illegible] aspect of patient becomes very characteristic the features are pinched and [illegible] into their sockets - which the lids fall - eyes half closed. the nose becomes pinched and sharp, temples cheeks hollow and the whole body more or less [illegible] and in fact this is the Hippocratic countenance present. which is well known to indicate - the approach of the end. Now the [illegible] suddenly falls and skin assumes a death-like coldness. pulse weak and thready and [illegible] almost imperceptible

The Capillary system is embarrassed to-
on doing a few little or [illegible]
Dyspnoea sometimes this shows
the Respiration to be affected to.
Tone is very weak. and often leaves
a mere whisper. It is needless to add
the Nervous system is [illegible]
- but in some cases
the strength is wonderfully well kept and
the patient is continually losing from one to
the other of ill. There are many other
symptoms too many to mention here
the medical man sees them. There is
no rise of temperature [illegible] ab-
in but a cooling of the interior and a warming
of the exterior surface this may [illegible]
Convalescence such is not usually the case

because of complications & – if the reaction is important the symptoms continue viz. ataxia is present. The term typhoid typhoid is vaguely used and refers to the typhoid state only.

Prognosis, always grave some cases develop an eruption but this is not diagnostic.

Treatment – Prevention is very important & and calls for our attention during an epidemic, particular attention should be paid to cleanliness & free ventilation. The apartment should be thoroughly aired and cleaned & disinfected & all needless furniture such as carpets, chairs with soft seat & curtains taken out & burned if disease becomes known. The bedding should be burnt if possible but this is not an absolute necessity

Curative treatment is [illegible]
but much may be done particularly at
the first stage complaint it is a great
mistake to follow routine treatment in
this as in many other [illegible]
case be treated as to the special indi-
cations and condition of patient. A
prescription much used and with great
success in the R.C.S.E. [illegible]

℞ Tr. opii ℥ii. M.S. pure, as much
Spts. camphor ℥fs. tobe regulated by dose
Red pepper ℥j of Cream ale
Vini Galli Oij [illegible]

Personal supervintendance is desirable to
see that the treatment is perfectly carried
out. The slightest Diarrhoea should receive
prompt attention. In the evacuative Stage

Two directly opposite treatments have been used one for directly checking the diarrhoea which most practitioners have [illegible] the other encouraging the flow acting on the plan that it eliminates the disease I believe (if my opinion is worth the giving, and we are all entitled to our opinions) that [illegible] should be checked as soon as possible and opium is the great remedy for this purpose Now there are great diversity of opinions as to the best form in which to use the [illegible] I should think some liq prep would be best especially if quick absorption is needed much care is needed in using this agent lest the morphine [illegible] it should never be used in the first

stage. [illegible] and repeated in smaller doses at short intervals now in collapse. Astringent are used to. It may in some cases be well to use [illegible] collapse. But before [illegible] acts no there is no need of stimulation, [illegible] pouring in of alcohol is justly condemned. Brandy is perhaps the best form to employ, but champagne may be used. [illegible] tion should be given in the [illegible] which should be received in disinfected vessels and never thrown [illegible] carelessly. but burning deeply [illegible] used from time to time, and in this way the spread may, [illegible] infected.

[illegible] should move
from the infected blood, this in[illegible]
check its progress [illegible]
[illegible] at once and will asepticize with
Carbolic acid or Bichloride of mercury [illegible]
[illegible] strong [illegible] $Hg\,Cl_2$ is
perhaps the best as I [illegible]
consider the best germicide now [illegible]
In these cases there is no fear of the
solution [illegible] so strong as [illegible]
will not be noticed [illegible] the
use of the $Hg\,Cl_2$ in [illegible] in
[illegible] hospital [illegible]

Edw'd N. L[illegible]

best of others have so elaborately explained and it only remains for me to repeat and as time elapses endeavor to add something to the library of medical literature or bring forth some point yet in obscurity to the profession. "Labor and ye shall be rewarded". For convenience and explicitness we may divide Pneumonia or more elegantly Pneumonitis into three varieties 1st Lobar or Croupous.

2nd Lobular or Catarrhal.

3d Chronic Interstitial.

But being such a broad subject I shall confine my discourse to the first of these by giving a [illegible]

Consumption -

[illegible]

[illegible] with a predisposition [illegible]

[illegible] either in a [illegible] head

[illegible] or an [illegible]

[illegible] the pulmonary [illegible]

diathesis [illegible]

[illegible]

[illegible] "The motion of the [illegible]

[illegible] occurring [illegible]

it is probable [illegible]

[illegible]

is so common [illegible]

[illegible]

Bedreigend overstroming.

the third stage is [illegible]
as merely a prolongation of second
in that the color has not an addi-
tive due to diminution of coloring
matter of the red corpuscles and the
[illegible]
pitancy. If the progress of the disease
be favorable the next step towards
the inflammatory activity toward
[illegible]
of resolution. This consists in the
liquefaction of the mucous via
[illegible]
exudation, the coating fibrin is [illegible]
[illegible]
including the epithelial elements,
undergo a fatty degeneration and

air imprisoned into an unknown cubicle, either of [illegible] [illegible] [illegible]

[illegible] of the constitution of the u
[illegible] land area. The predominant ea
[illegible]
[illegible]
[illegible]

[illegible] out surfaces. The [illegible]
[illegible] and [illegible],
[illegible] The [illegible]
the lung yet remains in fact and
with standing the common pa-
[illegible]
stances a portion of the affected
lung hardened and [illegible]
gray hepatization, the stroma
[illegible] [illegible]
and a small collection of pus is
found [illegible],
several others may produce a large
abscess. Gangrene sometimes occurs
and this as well as the formation
of an abscess is extremely rare, and
only takes place in a weak and de

The passage of [illegible]
case of the chronic form sometimes occurs particularly
strumous subjects. Organized
products of inflammation may
[illegible] and [illegible]
[illegible] the termination [illegible]
[illegible]
[illegible]
In this sketch of the pathological
anatomy [illegible] is added
[illegible] relative to it
situation. It attacks in the great
majority of cases in connection with
the crown bone of the right or left
[illegible] of the [illegible] [illegible] as the
following table [illegible]

[illegible]

[illegible] right [illegible]

and upper [illegible]

Dejunctions:

In a [illegible]

the only evidence [illegible]

clusions are sought [illegible]

[illegible]

can [illegible]

judge cases [illegible]

region is the [illegible] law. The

is [illegible] validity [illegible] by deduction

& Induction [illegible] may have

[illegible] Sm
[illegible]
[illegible] ed, [illegible] headache, severe
pain in back and muscular soreness in the limbs, great lassitude
[illegible]. The tongue is coated with a whitish mass, the appetite almost
entirely wanting and the stomach
nauseated. Rational [illegible] Tons [illegible]
[illegible] which indicate [illegible]
the seat of the trouble. Severe pain in
the side is experienced, dyspnoea
and cough [illegible]. The pain is acute
and lancinating quite identical
with that [illegible] pleurisy [illegible]
[illegible]
pleurisy developed in conjunction

[illegible]
having the pain is in proportion
to the amount of coexisting pleuritic
effusion. This symptom varies
in intensity & is not always
present. It is commonly referred to a
circumscribed space at or near the
nipple of the affected side, and is
increased by coughing and deep
breathing. [illegible]
or convulsive expiration [illegible]
cough. The respirations are more frequent
and shallow, reaching from 35 to
50 per minute. This is due to the pleuritic
pain, and to the interruption to
the function of haematosis in the
affected [illegible]

[illegible] cough.

[illegible] at every [illegible]
for the [illegible], and is sometimes
very troublesome and even paroxysmal.
It is quite characteristic and is most
suggestive and [illegible]. The matter
expectorated at first is scanty, tenacious
[illegible], or rusty, sometimes
[illegible] the rusty sputa tightly adhe-
[illegible]. [illegible] thick. Some transparent and others
[illegible]
[illegible] and coagulated in the alveoli and bron-
chioles of the lung. They also contain
blood corpuscles intimately incorpo-
rated with the coagulated albumin
[illegible] appearance

[illegible]

[illegible]

[illegible]

together with pain in the head, anorexia
[illegible]
[illegible] frequently are different cases from
[illegible] 20. Cases differ generally in
symptoms of general or constitutional
disturbances. The [illegible] is more tolerant in some persons than in
others. During the stage of [illegible]
[illegible] changes. There diminishes or ceases;
cough and [illegible]
but the cough increases in and painful
and [illegible]
fœtid. The matter ejected begins to
[illegible] its usual appearance, becomes
opaque, less adhesive and more
abundant. Febrile movement continues

[illegible]

[illegible] a great energy [illegible]

[illegible] on patients respect[illegible]

[illegible] impossible, [illegible]

[illegible]

[illegible]

[

Physical Signs.

[illegible] and during inspiration [illegible]

[illegible] important role. [illegible]

[illegible] has been [illegible]

[illegible] the [illegible] of [illegible]

[illegible]

[illegible]

[illegible] tubes, corpuscules [illegible]

undecided. The wheel argued
[illegible] the rotation of the
[illegible] complete. [illegible]
[illegible] stage of [illegible]
on [illegible] [illegible]
[illegible]
[illegible]

Conclusions:

[illegible]

[illegible] common [illegible]
[illegible] Pericarditis as [illegible]
[illegible] degeneration of the [illegible]
[illegible] the course of [illegible]
To these may be added [illegible]
[illegible]re. The existence of hydrom[illegible]
[illegible] insane after [illegible]
running in the weak and [illegible]
and having hunger [illegible]
admonitions [illegible]

Cause, Duration & Termination

[illegible]

Diagnosis:-

times and a gradual rise of temper-

showing a sharp localized shock;

no pneumonia there is audible on

inspiration only, a crackling sound,

[illegible]

[illegible] respiratory movements. The cerebral [illegible]

[illegible]

[illegible] changes with the gravitation & the fluids. Insanity is stimulated and terminates by crisis — There the [illegible] are wanting in showing the duration & which is indefinite. The [illegible]

[illegible]

[illegible] exciting pain, it is limited to a portion of either lung; while [illegible]

with an ordinary bronchitis and a feeling of soreness rather than pain [illegible] indefinite. The discovery of the bronchitis & pneumonia was equally marked. In pneumonia the usual tremitus and vocal vibration are increased;

Prognosis:

From what has already been said one would easily infer the prognosis. But pneumonia is a [illegible] disease. Still in the children it is comparatively rarely fatal, unless the portion of the lung involved is extensive, or [illegible] in some advanced in years, or [illegible] injured by long continued bad habits, overwork or disease. Those [illegible] formed the disease on the other hand are exceedingly fatal and may be anticipated among

Treatment:

[illegible]

[illegible]

that we are dealing [illegible]

limited disease which [illegible]

finds he recovery in a great ma-

[illegible]

[illegible]

should have especial reference

[illegible] The expectant plan

[illegible] pursued by modern physicians

seem to be greater [illegible]
than the conditions and to
emotional space for [illegible]
would that have been [illegible]
a difference of opinion [illegible]
treatment as all the more [illegible]
[illegible]
[illegible]
[illegible]
[illegible]
a rational and scientific man
agement of the individual
cases coming under our care,
[illegible]
[illegible]
stitutional tendencies, the actual

[illegible] and [illegible]
circumstances [illegible]
which are used. Rising to
the congestion much may be
accomplished by a full dose of
[illegible]
this is best administered by a
decoction. It relieves gastric irri-
[illegible]
dosse accordes. In this stage
bleeding should only be resorted
to in high febrile movement,
the pulse denoting increased power
of the heart's action, and the con-
dition of [illegible]
a robust and vigorous [illegible]
tion. Soothing and stimulant

also be used [illegible]
plaster [illegible]
moved when the skin is [illegible]
to attain the standard [illegible]
or the non-water [illegible]
On water purgative [illegible]
[illegible] the [illegible]
blood pressure. For the high temper-
ature-nervous fevers may [illegible]
given as well as experiencing [illegible]
which are [illegible]
[illegible] Compress [illegible]
[illegible]
which cause of the disease. [illegible]

To lessen readily pain promote the absorption of the exudation the Lumbrica Canna [illegible] [illegible] [illegible]

state of the circulation [illegible]
should be made [illegible]
To accomplish this [illegible]
and quinine are [illegible]
circumstances. To combat the febri-
lism and support the [illegible]
ers, tonic remedies, alcoholic
stimulants and nutritious
diet are especially indicated.
Quinine and tannin may
given in small doses. Brandy,
[illegible]
Suitable alimentation constitu-
[illegible]
[illegible]
[illegible]

without waiting to [illegible]
cure or milk be [illegible]
medicine [illegible]
atically administered. [illegible]
tain that this [illegible]
the alcoholic [illegible]
save life at the [illegible]
when there is great [illegible]

as of many other diseases.

But then medicine and
keeping of our patient under the
most favorable hygienic conditions
possible should receive our wisest
care attention.

Illinois

"Diphtheria."

Dr. [illegible]

Diphtheria.

"Diphtheria is a contagious, infectious, constitutional disease, of its chief local manifestations and attending phenomena are the formation of whitish or yellowish membranous pellicles and certain of the [illegible] [illegible] [illegible]

[illegible] of some of the [illegible]
writers who partially described its
[illegible] and treated it [illegible]
this fell destroyer of mankind
has, at different periods and places,
[illegible] [illegible] for
[illegible] of [illegible] of [illegible]
[illegible] by [illegible] the
the most scientific men of the day
to disarm it of its terrors and
fatality. The prominent writers of
ancient times noticed it as a
distinct disease but their descriptions
and knowledge of it were meagre as
compared to the light thrown upon it
by authorities of the present day.
but it is still shrouded in [illegible]
in less mystery. Aretaeus of

[illegible] was probably [illegible]
to notice it as a [illegible]
and recorded its [illegible]
during a hiatus. Hecker reports
it [illegible] Halleck in 1[illegible].
[illegible] in 1730. Tamme
at Madrid called it "Garrotillo" in
[illegible]. [illegible]
Pseudo-membranous formation at [illegible]
in 1740. Chomel saw it in France in
1743-9. In England, Fothergill saw
it in 1754. In America, Douglass, of
Boston, noticed it in 1736, and
[illegible] in New York [illegible].
[illegible]
but to Bretonneau is accorded the
honor of having given the fullest
description of it in 1826, making it

a distinctive disease and [illegible]

[illegible] "διφθερα", a skin or membrane. From [illegible] extent in Paris and [illegible] from 1857-62 its ravages were fearful. It appeared in California in 1856 and a little later in some [illegible] the Eastern States gradually increasing in prevalence until 1860. Since that time it has declined in frequency but occasionally breaking out and being attended by great local fatality. During 13 weeks in last of 1880, in Brooklyn, there were 1185 cases and 483 deaths. In some parts of Russia in 1879-80 it was very

[illegible] of
the children of two or three towns.
[illegible]
Washington and the Empress Josephine
died of it. Stephanie, the beautiful
Queen of Portugal and the Princess
Alice of Hesse fell victims to it.
[illegible]
seasons and is no respecter of persons.
[illegible]
It attacks the old as well as [illegible]
[illegible] of 3 and 6 years.
Two-thirds of all cases occur under
ten (10) years and Prof. Howard
has never seen it under eight 8 months.
Generally fatal when occurring
[illegible] two (2) years. Like all the

[illegible]

[illegible] opinion [illegible] that [illegible]
there is always present and is the
prime cause of the disease, while
others as stoutly deny it. In a
[illegible] manner [illegible] and.
It can be contracted by contagion
[illegible] as [illegible] can [illegible]
shown in many instances. Instance
[illegible]
[illegible] brought into a room where there
had [illegible] [illegible] case
of Diphtheria and they con-
tracted it although the room had
been seemingly thoroughly disinfected,
the poison having once entered the system
[illegible]

[illegible] alone". Many instances are on record of death resulting [illegible] Vallei x. But Trousseau and Peter claim to have inoculated [illegible] without effect. This is, reasoning from analogy, good reason to conclude that bad hygiene and poor health would [illegible] ment, but staring us in the face, on the other hand, is the fact that [illegible] robust as well as the debilitated contract the disease. It is an indecisive question as to what

stage of the disease is most active
[illegible] it
is reasonable to assume that it
[illegible]
[illegible]
[illegible] could [illegible]
Some have contracted it from others
who were apparently fully recovered.
In regard to this latter assertion
I think that the disease was not
contracted from the patients [illegible]-
selves, but from the micro-organ-
isms [illegible]
[illegible]
disease, any other way than [illegible]
of which he is to all intents
[illegible]
[illegible] infectious [illegible]

Diphtheria and Croup.

The period of incubation is not accurately known but is generally considered to be from two to eight (8) days. Some have apparently developed the symptoms after only a few hours contact with, or exposure to, its virus. The premonitory symptoms vary of course in accordance with the virulence of the attack. Many writers divide Diphtheria into several forms or varieties as Membranous, Simple Ulcerative and Malignant but the Principles of treatment these divisions [illegible] little is [illegible] advantage for be [illegible]

[illegible] to [illegible] the [illegible]
in whatever [illegible] it [illegible]
[illegible] he [illegible] he [illegible] deal
with [illegible] [illegible]
[illegible] and [illegible] to
worse forms since he knows
how insidious is its nature -
that some of the slight forms can
[illegible]
attacks. Hence no delay is at
all [illegible]. [illegible] attack
[illegible] [illegible]
a [illegible] [illegible]
and [illegible] shows tendency to
[illegible]
little sore-throat and discomfort
[illegible]
headache [illegible]

[illegible] a rise of temperature, furred tongue, [illegible] appearance of the fauces, palate and tonsils. About 2nd or 3rd day, well [illegible] membranous deposit appears on one or both tonsils. Cervical [illegible] about the angle of the jaw may become enlarged. Breath apt to be more or less fetid. In case of this kind, if none of the sympt[illegible] very aggravated or malig[illegible] character, ought, with proper and prompt treatment, terminate in [illegible] days, or at least in convalescence. The exudation in this case is

will not cause excavations of the surface. Fever not apt to run very high in this form.

A more malignant form [illegible] attack, or its virulence may be [illegible] symptoms from the first. Let us [illegible] a slight one. Fever continues to rise, reaching 103° or 104° F. [illegible] and more painful deglutition. Spreading of the membranous deposit from coalescence of [illegible] patches and invasions of new surface [illegible] membrane. It

[illegible] from which hemorrhage sometimes [illegible]. The indications of [illegible] of [illegible] found the [illegible] and [illegible] and [illegible] [illegible] [illegible] and [illegible] [illegible] [illegible] or less dyspnoea, coming on most usually at night. The cough decreases in frequency but becomes more paroxysmal and suffocating. "The expressions of distress and [illegible] [illegible] like they are in Pertussis." These are most ominous in import. Again it may extend down the

Copied by the order of [illegible]

when it [illegible].
There is sometimes a "lull in the storm" that promises, to our anxious minds, a recovery, but we must not be deceived, as the distressing symptoms may recur with greater severity and death result in a short time. [illegible] patient becomes [illegible] and [illegible] upon death. This [illegible] is [illegible] called "False Croup". It is interesting to note that during the [illegible] of the attack that the pulse becomes [illegible] and [illegible] up to 140 or 150 beats per minute or it may get very slow, not being

more than 10 or 20 per minute.

[illegible] becomes sighing and [illegible]; extremities become cold gradually and perspiration breaks out. These nervous disturbances are probably due to Diphtheritic toxaemia of the nervous system and extension of false membrane. The spread of this to the bronchial tubes superinduces the development of lobular Pneumonia which may be indicated by rapid [illegible] and [illegible] and [illegible] and absence of [illegible] sound. The inflammation and [illegible] membrane may extend to the [illegible] and

[illegible] lachrymal duct, [illegible] them and causing [illegible]. This membrane has been [illegible] to form on the conjunctiva and [illegible] always, as a sequel, opacity of [illegible]. In epidemics this pseudo-membranous deposit is sometimes found on abraded surfaces of the skin, upon glans penis, around the anus, in vagina or vulva. The pellicle may be white, gray, or yellow or blackish and look [illegible] is adherent to the surface. These spots become [illegible] and merge into each other, sometimes [illegible]

[illegible] The [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
These external [illegible] seem most
conclusive [illegible] the disease is
due to a specific germ and
most probable inoculable, since
pharyngeal symptoms supervene
the local external lesions.
The inflammation may extend
from the pharynx along the
Eustachian tube to the ear
causing suppuration and consequent
troubles. The urine in the disease
is nearly always albuminous but
does not [illegible] [illegible]
trouble unless very [illegible]
[illegible] [illegible] Dr. Howard says:

Co[illegible] and shield your reputation". A large amount of urea is excreted during the disease. [illegible] of diphtheria [illegible] apparent convalescence takes place. One of the most frequent and annoying sequels is partial paralysis which usually comes on in from a week to a month after the disappearance of the pseudo-membranous deposits and [illegible] in the soft palate. It [illegible] a nasal twang to the voice and in swallowing a portion of the food may pass up into the posterior nares. The soft palate

[illegible] to sensibility [illegible] the [illegible]

[illegible] inflammation cannot be considered [illegible] superficial [illegible]. The [illegible] extend to the muscles of mastication and articulation [illegible] it may appear in [illegible] situation. Though this is an alarming condition, it rarely proves fatal — recovery taking place [illegible] from [illegible] to [illegible] months.

Pathology.

[illegible] little [illegible] since near [illegible] the [illegible]. Changes noticed are confined to the circumscribed areas of inflammation which have been

described. The lungs show the pathological conditions of lobular [illegible]. [illegible]oma or Emphysema where either of these troubles existed as a result and complication.

"[illegible] morbid changes, such as anemia, [illegible] granular or fatty deposits in the renal cells."

The disease must be a specific one, for its symptoms, progress and paralytic after-conditions seem to establish the supposition. Some doubts have been expressed [illegible]

[illegible]

[illegible]

[illegible]

and (3) desquamation, (4) Exudation

from invasion. No swelling in Croup and Diphtheria generally more or less epidemic. Albuminuria is rather an attendant than a sequel.

Sec

and treatment of proper (illegible) at once instituted the prognosis is good. Consideration of the age of your patient is of great importance since the disease is more fatal

child. Generally fatal under 8 months and always dangerous. If it invades the larynx and the breathing becomes difficult and free oxygenation not being allowed, the Prognosis is grave. Heart clot may be formed and the most serious results ensue.

Hemorrhages [illegible] urine are present, they are omens of evil import and should make you guarded in expressing an opinion.

[illegible] and reflex vomiting, if long

clinical results of such eminent

[illegible]

Treatment must be local and constitutional.

The main characteristic of the disease is its tendency to rapidly decrease all the vital powers of the patient and cause death from asthenia most often. Hence, depletory treatment, in any form, is not judicious. Under this head comes venesection; which has been recommended and practiced by some prominent men in cases of very strong

rigorous patients. But since the nature of the disease has become better known, such treatment has been abandoned. We must, in every instance, [illegible] the patient and keep up his powers in every way possible to enable him [illegible] to resist the inroads of the disease. Prominent among such agents is good, nutritious diet. Entice the patient to take all the nourishing food he [illegible] possibly digest and if medicine can [illegible] good [illegible]

to abandon the medicine and trust to the strengthening influence of food. [illegible] part in treatment. A very efficient combination is:

℞ [illegible] gtt [illegible]

Sodi Chloras [illegible]

Tr. Ferri Chloridi [illegible] mix

[illegible] times daily, in a [illegible] of water.

Stimulate when necessary with food and liquor. If there is marked constipation, a small dose of Calomel may be given and followed later

by a dose of Castor Oil.
If fever is very high [illegible]
[illegible] consist of Quinine
a few grains of Potassium
Chlorate in solution taken
every two or three hours.
If [illegible] [illegible]
the kidneys and [illegible] [illegible]
demulcent drinks. Tannic Acid
[illegible] every three hours is
[illegible] in [illegible] cases.
Local treatment is of the
[illegible]
[illegible] [illegible] [illegible]
to. [illegible] of [illegible] by
means of spraying apparatus.

[illegible]

[illegible]

[illegible]

obliteration of the tonsil
effect on fibrin. If the
disease extend to the nasal
cavity, use spray there
[illegible] Cond. [illegible] gr.
[illegible] [illegible] Tinct
as will be well borne by
the [illegible].
Numberless other remedies
have been used but I have
[illegible] of the [illegible]
to [illegible] those who practice
them to be generally successful.
With the [illegible] I have
not utterly failed in
this imperfect paper. I
will invoke merciful criticism.

To

University of Maryland,

Lombard and Green Streets.

Baltimore, Feb 15th 1887

Clinical History, Diagnosis, Etiology, and Treatment of Naso-Pharyngeal and Laryngeal Diseases.

by

W. C. McKecby.

In order fully to comprehend the pathological changes and symptoms of a disease of organ, it is first necessary to be well acquainted with the anatomy and physiology of that organ in health, and therefore a few words recalling the same to mind may not be amiss.

Two irregular cavities in the middle of the face, opening in front by the anterior nares and behind ending in the pharynx by the posterior nares, form the nasal fossae. The mucous membrane lining these cavities is of especial interest. It is intimately adherent to the overlying bone or cartilage,

continuous anteriorly with the skin of the face and posteriorly with the lining of the pharynx. It is thickest and most vascular over the turbinated bones and septum and very thin on the floor of the fossae.
That portion of the membrane corresponding with the distribution of the olfactory nerve, namely the upper, is covered with tessellated epithelium but the portions directly connected with respiration, namely the middle and lower, are covered ciliated epithelium and provided with a continuous layer of branched mucous glands whose ducts open on the surface and which pour

fourth an abundant secretion of vast importance to the proper preparation of air for the lower passages. The functions of these cavities are three. They are the seat of the sense of smell, they have a special function in respiration and in the production of the voice. The part they play in the diseases I intend to speak of is very important. The pharynx may be described as an irregular flattened cylinder, wider above than below, and slightly concave anteriorly. The maximum length of the pharynx in the adult is about five inches, and its superior transverse

diameter about one inch and three-fifths. It extends from the posterior nares, to the larynx and oesophagus. It is lined with a mucous membrane continuous with that of the nasal cavities above and the larynx below. It consists of two parts; upper, or vault, and the lower or pharynx proper, which includes the remainder.
The vault is lined with a mucous membrane covered with ciliated epithelium and glands in great numbers, secreting an abundance of mucous, which keeps this membrane moist and pliable, and aids the membrane of the nose in properly preparing

the air in breathing.
The lower pharynx is principally concerned in the act of deglutition.
The pharyngeal walls average about one-tenth of an inch in thickness and are formed of mucous membrane and glands, muscles, fibrous tissue, blood vessels, lymphatics and nerves.
The muscles of the pharynx consists of three pairs of constrictors: the superior, middle and inferior, which are arranged in layers, and the stylopharyngei.
The arteries are the ascending pharyngeal from the external carotid supplies the chief portion of the region of the eustachian tube; some terminal

twigs of the internal maxillary, the vidian and spheno-palatine.
The nerves are derived from the fifth, third, vagus &c.
The sympathetic nerves are derived from the superior and middle cervical ganglia
The tonsils (amygdale) are two glandular organs, about half an inch in length, shaped like almonds and situated between the anterior and posterior pillars of the soft palate, at each side of the fauces. Externally they are invested by the pharyngeal fascia, which seperates them from the superior constrictor muscle and internal carotid artery, and prevents an abscess from opening in that direction; and corresponds in

position in the angle of the lower jaw, behind which they may be felt when enlarged. They present on their surface the openings of mucous crypts, similar to those at the root of the tongue, under the name of lingual glands. The substance of the tonsil is firm of fibrous or lymphoid tissue.

The soft palate (velum pendulum palati) is a fold of mucous membrane continuous superiorly with the hard palate, and is composed of a double fold of mucous membrane, palatine glands and muscles. Hanging from the middle of its inferior border is a small rounded process the uvula

The larynx is situated between the base of the tongue above, and the trachea below.
It consists of cartilage, ligaments, fibrous bands and muscles
There are nine cartilages
The thyroid, cricoid epiglottis, two arytenoid, two corniculae laryngis, and two cuneiform. Especial attention should, however, be paid to the arytenoids, as to them are attached the vocal cords and certain muscles which move them. These cartilages are two in number, situated at the back of the larynx and upper border of the cricoid cartilage. These cartilages are interesting only from the fact they are covered by mucous membrane which is the principal seat of inflammation affecting the larynx

Case I. Minnie S. White: Age 9 yrs. The following history from <u>mother</u>. Patient exposed to a cold rain the day before a very decided chill at night followed by fever, continued thirst, and hot dry skin. In the morning stiffness and dryness of throat which caused patient to make constant efforts at swallowing

Patient seen at 1.30 P.M. the day after exposure found temp 102°F. pulse somewhat increased. On examining the throat & pouring the tonsil on the right side much inflamed and slightly enlarged. The patient was very irritable and under these circumstances it was almost impossible to get a good view of the surrounding parts.

Diagnosis- Tonsillitis (Quinsy)

Etiology - Exposure to cold.
Treatment - Prescribed Italian Castor Oil ℥ss. confined patient to room with a light diet of milk and soups. Advised constant sucking of ice during the afternoon to prevent if possible the further development of the attack. I also prescribed Guaiacum Oz ss to get aa One Oz. every one or two hours.
2nd day Temp 100 1/5°F. Pulse nearly normal symptoms of throat diminished.
3rd day. Temp and pulse normal and symptoms of throat nearly absent. Prescribed Syr. Ferri Iodidi fm gtt ii t.i.d. For constitutional delicacy dependent on strumous diathesis
4th day - Complete resolution. Continued Syr Ferri Iodidi for two (10) days and then discharged patient cured.

Case II John W. White; age 22 yrs.- Clinical history. Exposed to a severe storm, wet feet and a cold. The results of exposure. Sore throat accompanied with a sense of constriction and a tickling sensation, with cough, difficulty in swallowing, also both acts of respiration labored and the voice reduced nearly to a whisper. Patient seen second day after attack. Cough accompanied with expectoration of a muco-watery character. Temp 100 3/5 °F, pulse 128 hard in character, skin hot and dry.

Laryngoscopic examination - The mucous membrane of the larynx was of a bright red color, also the borders of the epiglottis. The ventricular bands was involved and the turgid state of these folds caused them to

partially overlap the vocal cords, so that the latter appears only as slender threads of a reddish tint.
Diagnosis,- Acute Catarrhal Laryngitis
Etiology,- Exposure
Treatment,- Kept patient in a uniformly warm room at 70°F. prescribed steam inhalations of Tr. Benzoin Comp and Fluid Ext. Hyoscyamus Forbid taking food or drinks of an irritating character- Chalk Magnesia Sol 1/2 Pint and 10 grs Sulph Quin morning and night-
2nd day.- Temp. and pulse normal and symptoms somewhat relieved. 3rd day- Symptoms nearly absent. 4th day.- Symptoms absent and complete restoration of voice
5th day.- Discharge patient cured.
Patient seen three weeks after attack and no return of symptoms.

Case I Walter M. Wide, Age 8 yrs. - Had repeated attack of colds for one year complained of a very unpleasant sensation constantly at the back of the throat, and a thick, tenacious mucous which would drop into the pharynx and thence pass into the larynx inducing coughing and retching also complained of a disagreeable taste in the mouth early in the morning. Loss of appetite and indistinctness in articulating. On looking into the naso-pharynx yellowish white macerous masses of mucous was seen adhering to the posterior wall and sides of the cavity. After the use of spray and post-nasal syringe small raised red granulation was in front could be seen situated on the sides of the naso-pharynx

There was congestion in the nasal mucous membrane with slight hypertrophy of the underlying tissues covering the turbinated bones.
Diagnosis Chronic catarrh of the naso-pharynx. (Post nasal catarrh)
Etiology - Repeated attacks of acute coryza. Treatment - Removed the mucous thoroughly by use of Dobells Sol. by means of post nasal syringe and spraying action. After thoroughly cleansing the parts I used astringents by means of insufflation. Eucalyptus Gum and starch - Pulv starch (3) thru nasal.
Continuing this treatment for seven (7) weeks with as good results as to be expected, a cure I think. Three months has passed without any return of symptoms

Case IV Chas C. H. Age 13 yrs The following history from mother. For the past two years patient has been troubled with recurrent attacks of quinsy. Usually brought on by acute attacks of "cold". During these attack and continuous with intervals pronounced asthmatic symptoms increased at night often to such an extent that patient was obliged to sit up in bed for relief. Blowing the nose would often excite sneezing and cough. During these attacks of quinsy profuse nasal discharge, headaches respiration and deglutition interfered with. Inspection of throat both tonsils much enlarged right more than left. Inspection of nasal passages showed two small nasal polypi in right side and one in the left side

Diagnosis hypertrophy of the tonsils and nasal polypi.
Etiology - repeated attacks of inflammation from use tonsilitis enlargement of the tonsils - asthmatic symptoms due to nasal polypi.
Treatment - applied a 10% sol. cocaine to the enlarged tonsils and excised both. I used mackenzie's guillotine which I prefer to others as I know just how to use it - the hemorrhage was very slight and easily controlled with a warm gargle.
2nd day - a very sore throat due to the excision of tonsils
8th day, after operation no sore throat but no diminution of asthmatic symptoms, which confined diagnosis applied a sol. cocaine to nasal passages by means of spray and brush

and then removed the nasal polypi, he with a nasal polypus snare.
The asthmatic symptoms was relieved after the operation.
Prescribed tonics for debilitated constitution. I informed the mother of the possibility of new growths of nasal polypi and cause a return of symptoms which could only be relieved in the same manner. I think they are apt to reoccur and collect rapidly as I have had occasion to see in the dispensary. where they have been removed from patients nose and return of patient a few weeks after to have others removed.

Case V. Mrs. A. G. Age 28 yrs. Throughout illness decided sore throat from time to time, which was treated by respective family physician with without any good result. Only in the three Patient mother of three children, one of which (and the first) died at the age of two months and from the results of strong, saw from hereditary syphilis. On examination I found two small perforating ulcers situated on the left side of the hard palate and a small perforation on right side the result of a former ulceration. These ulcers were covered with an ichorous pus. After thoroughly cleaning found the edges pale and raised and the surrounding mucous membrane brightly congested. The constitutional symptoms were of a septic character.

and some pain. I waited for an interview with patients husband and learned that he had recently suffered with syphilis which 22 years ago and I think from history patient acquired syphilis from husband during wife's conception.

Diagnosis. Syphilitic ulceration of sexual tubate.

Etiology – acquired syphilis

Treatment – Under the use of local astringent solutions the symptoms did not disappear. I then prescribed Potassium iodide 10 grains three times a day. In three days the symptoms were much improved and in three weeks the ulcers had entirely disappeared. I then prescribed 1/20 grains of Bichloride of Hg three times a day and report the urinary every week.

Case VI Olivia U. Ag. 22 years. Healthy as follows. When first affected had a sense of stiffness and dryness in the throat, and a tickling cough after each impulse of coughing causes a feeling of tiredness and soreness about upper part of the larynx. The patient a "dressmaker" complained of a hoarseness and a loss of power over the voice after talking for some time. Small quantities of viscid mucous was occasionally expectorated, whilst the strain of excessive coughing would often cause the sputa to be tinged with blood.

Examination of Pharynx slight hypertrophy of follicles on mucous membrane of Pharynx. Evidence well marked of constitutional delicacy and anaemic condition of patient.

Diagnosis. Granulation, Pharyngitis

Etiology. Exciting

Treatment. Directed patient to refrain from the use of voice as much as possible. Local applications. Nitr. in spray of cocaine to prevent pain on the use of tonsor paste. Applied to each granulation separately and repeated the same each day. Immediately after the use of paste directed patient to gargle with cold water to remove any particles of caustic that might adhere to the part treated. Treatment for constitution of efficacy of Hazenbur's Cod Liver Oil and Iron. I removed all vehicles by use of paste and continued use of oil and iron for three (3) weeks and with good results. Discharged patient and at present no return of symptoms.

Thesis

Lobar Pneumonia

by

James A. Melvin.
Cambridge,
Maryland.

1886-87.

Lobar Pneumonia or Croupous

In the whole category of diseases, Pneumonia stands among the first, as to careful consideration therefore, it is requisite that every doctor should understand it thoroughly. It is a disease of the Parenchyma of the lung which is made up of air vesicles and thin exceedingly thin walls. There are, however, several varieties of Pneumonia which I may mention Lobar or croupous, lobular or catarrhal and chronic interstitial. But I shall devote my few remarks to Lobar Pneumonia. This disease involves generally one lung and is ushered in with a marked chill and other symptoms which will be shown later.

and in consequence it attacks the throat
and we know this is our voice
and so on, until sometimes death ensues
are stopped up so to speak but this
is very rare indeed.

Causation. Indeed this is marked
in much obscurity inhalation of gases
and dust sometime tend to produced.
And ~~in~~ Cold & wet weather do not
seem to increase it prevalence. But
it is since established that persons
who are the susceptible to the disease
on the least exposure, are apt to have
it; Recent investigation made by
Pathologists among whom is our
worthy Councilman, have shown
that it is due to a living organism.

this theory I believe has not fully been accepted by the profession. But in a few years beyond a shadow of doubt it will be accepted that malaria is due to a micro-organism.

Symptoms. The symptoms of this disease are well marked, and it is not hard to distinguish ~~them~~ from other malarial diseases. It is ushered in with a marked chill which is generally longer than in any other disease. There is rise of temperature and acceleration of pulse. In young persons convulsions resembling those are apt to be present. Generally there are no marked premonitory symptoms, but in old persons there is no marked chill. In children, however, when there is

vomiting and convulsions, the upper lobe is affected first, and the temperature is very high. The respiratory act may number 75-85 per minute while normal number in adult is from 18 20 per minute. At the same time the pulse number 110-115 per minute. This range of pulse may be greater or less according to severity of the case. Dyspnoea may be present but not always. It is not dependent on the amount of lung involved but is referable to involvement of respiratory centre in the medulla oblongata from its being poisoned by some fermentitious product not eliminated, but still in

Circulation and goes to the centre. When a whole lung is attacked we have urgent dyspnoea because the other lung is not able to give an supplementary action. Cough is a concomitant symptom. In the first stage, or inflammatory, the sputa is tough, viscid, and hard to expectorate. The sputa soon becomes "rusty", from blood being diffused through it. Prune juice colored expectoration shows depraved nature of the disease in second. In second stage when sputa come up easily and not colored that resolution is taking place. There is no expectoration in this disease in children and

especially when the pneumonia is [illegible]

g. When expectoration suddenly ceases in old persons it is a grave sign, death [illegible] rapidly. The sputa contains blood cells and epithelial scales from the lining of the blood vessels. The fever rises rapidly after the chill and reaches its maximum about third day. There may be a slight remission in the morning but rise again in the evening. This continues for 4 to 7 days when if crisis takes place on the 7th day the temperature rapidly falls if the patient is going on to recovery there may be signs of flagging heart, and if such occurs

Stimulants are called for. If the fall of temperature go below normal then be careful. If there is gradual remission of fever gradual falling each day then the disease terminates by what is called "Lysis." Furthermore, when the temperature ~~be~~ recurrence at the seventh day it shows that purulent infiltration is taken place. The higher the temperature the more apt with disease to be found in the upper lobe of the lung. When the pulse reaches 120 it is an omen of danger and, if the pulse becomes intermittent, by all means stimulants should be used freely. There is an anxious look on patients face.

Alcoholic subjects are very apt to have delirium. The urine in the first stage is dark and scanty & less of urea etc. The Chlorides (inorganic salts) are some times ?. This is doubted by some authors, however and not much reliance can be had in it. The test for Chlorides (salts) is as follows: $AgNO_3$ and HNO_3 to some healthy urine and Cl will unite with Ag and form $AgCl_2$ &c

Usually in a short time after the attack you can get some <u>auscultatory signs</u>. First stage Tell patient to say "99" and you can get increased thrill. There is a dry state of the mucous membrane in the

stage, and the normal respiratory
murmur is feeble, and when
resolution takes place we get crepitant
rales at inspiration. This is
about thirty six hours, then
resolution takes place, in children
under 3 yrs old you cannot get
crepitant rales. The cause of the
crepitant rale is due to the
color nails being agglutinated
and forced open in inspiration
which effort they are generally
can be heard very plainly by
ing finger over the affected area.
Inspection shows movement
much affected but in second
there is less movement. Palpation

gives no signs in the first st
In some stage we get me
pleural friction caused by the
lung being directly transmitted
the chest wall. When it is no
we can suspect a pleuritic co
it is the rubs of fluid pre
conveyance of vibration to ch
wall

<u>Percussion</u> By percussion m
and stage dullness ~~the~~ elicited
affected area, but more or le
over healthy lung. A sharp p
stroke over the consolidated
will give tympanitic reson
from pressure of air in la
Bronchi.

Auscultation in second stage
no crepitant rales of lobular
as the air can only get into
lobes. If Patient speaks in
you can get Bronchophony. T
due to reverberation sound of
in the Lung.
Third stage. We get dullness
here is little movement in
lobular breathing the respira
are more normal. If the disea
on to recovery we get crepita
which is heard in both Respi
efforts, due to exudation being
liquid and the disease may
recovery. If resolution does n
place it may terminate in pu

infiltration in which there is
Continued fever
Key-note It may be confound
the following diseases, viz. g.
Bronchitis, Pleurisy, Congestion
edema, Pleurisy Catarrhal P
Meningeal and Typhoid fever.
It can be diagnosed from Capill
Bronchitis which is bilateral. The
are sub crepitant and heard in
Respiratory efforts but is not so
as in Lobar Pneumonia
From Pulmonary Congestion, there
an inflammatory trouble and the
no chill and it is bilateral.
From Pleurisy it be diagnosed
is dull, dry cough, and no

unless Bronchitis complicates it y
have friction sound in first a
and heard in both Respirat. If
the temperature is not so high a
not or Pneumonia. From Menin
comes on slowly. Pulse sometim
as 40 or 35 - and no rise in tempera
from Typhoid fever in this mal
you will have to acquaint yours
the history.

Prog. ex. This is very good.
fall of temperature about the tenth
with perspiration. Healing is a very
sign. If the temperature keeps up
is a very unfavorable sign, when
is not the way to recovery the Sputa
be more copious. Return of chi

of a tumor in the tissue of the abdom
Occipital veins are good signs.
The mortality in Cancer Hospital
Ten York Hospital 34 cases, in the
State Army, from 1861 to 1864
In Female Practice the mortality
much less. Age has much to do
Mortality. With persons under
the prognosis is more. Cancer
and at 50 years the prognosis is very
Treatment. In the first stage
Vesicant Lemme is very efficacious
checking the amoeboid movement of
Corpuscles, or in other words it
is an antiphlogistic. Very much
be trusted in these cases. I
of the patients strength and no

depress heart action. It may pro
duce at stage the hypodermic inj
of morphia. This gives the patient
preserves his powers to resist
the room should have proper ventila
and the temperature should not
higher than 70° Fahrenheit. Cerebral
Ammonia is good in tertian f
alternating with quinine. s pr
second stage he must keep up
power. In third stage some d
are a bath of water at 100° F
but if this does not favor. this
thinks reaction only temporary, a
after signs are increased in gravity
advises sponging the arms with
50° 55° Fahrenheit. It may also be applie

Digitalis is [illegible] in the [illegible]
stage as a [illegible] hypnotic. If [illegible]
of Cardiac failure give stimulants
however, should be employed. [illegible]
pulse of 120 [illegible] a weakness
stand of heart and in alcohol. [illegible]
judiciously, he have [illegible]
[illegible] persons it is especially
[illegible] out of [illegible] the [illegible]
when you expect Cross which [illegible]
endocardiac failure in second of [illegible]
[illegible]sion of Exudation. [illegible]
[illegible] and [illegible] tube. If the [illegible]
are not acting well give [illegible] which
heart and propels blood thro' the kidneys
[illegible] regulates [illegible] Every [illegible]
[illegible] is very [illegible], [illegible]

J. A. Melv[illegible]

Thesis of Lawson B. Neuse

Session 18[illegible]

Subject

Pneumonia

This disease sweeps the country over, & in view of this fact, I selected for the subject of a careful study, not only on account of respect to the faculty, under whose instruction I am placed, but also because the study, I hope, will prove a future benefit to myself in fighting this universal disease. Pneumonia, also called Pneumonitis according to technical terminology, means inflammation of the proper substance of the lungs. It is divided into three different forms, indicating the part of lung diseased. These three forms are called Lobar, Lobular & Chronic Interstitial Pneumonia. The first of these is also called Acute Croupous & the second, catarrhal.

Lobar Pneumonia is an inflammation affecting the Parenchyma of the lung with a fibrous

32 p.

exudation into the air vesicles themselves. The [illegible] of the [illegible] or double, affecting one lung or both. There still exists among the leading Physicians as to whether it is a constitutional disease with a local expression or a local disease with symptomatic fever. The first theory has the predominance at present. In support of the predominating theory reasons are the following; 1st, inhalation of irritant gases fail to produce lobar pneumonia; 2nd, the prevalence of cold & wet tends to increase [illegible]; 3d, there is no [illegible] relation between mass of lung involved & the intensity of symptoms, 4th, when another lobe is attacked, after primary attack upon one, [illegible] not [illegible] have an other will; & lastly, Pneumonia resembles small Pox, [illegible] in the [illegible] it is a slight [illegible]; in that it is often [illegible] by a rash, [illegible]

[illegible] symptoms; [illegible]

there is Coma & in the young, there are convul-
sions. The following reasons stand in support of the
crisis theory, 1st. The fact of Pneumonic stage; 2nd.
[illegible] period of incubation; 3rd. Its typical temper-
ature range. The causes of Pneumonia are predispos-
ing & exciting. The predisposing are 1st, Age; most
cases occur between twenty & thirty years of age, but
no age is exempt, 2nd. Sex; oftener seen in males, per-
haps from their greater exposure to the exciting causes;
3rd. Social position, habits & occupation; [illegible]
in large towns, intemperance, and occupation, not
involves exposure or overexertion, predispose to Pneu-
monia; 4th. State of health; liable to occur in those
constitutionally enfeebled; 5th. Previous attack; 6th.
[illegible] & seasons, cold climate rapid changes in
temperature, much moisture are predisposing causes.
In regard to the exciting causes, some [illegible]

that irritable gases, cold are such; but from what I have stated above, this seem would seem to be baffled; & this strongly leads me to the fac. in that a specific germ is the exciting cause & that the presence of cold & irritating gases under that [illegible] for development, by putting it in a tot. so as to be able the less to ward off the foreign enemy. While no such germ has been discovered, yet such a theory seems to me plausible, & until all the powers of microscopy, discover. The stages of Lobar Pneumonia are 1st Engorgement; 2nd Red Hepatization; 3rd. Gray Hepatization, 4th Resolution. In this first stage Pneumonia may terminate, but it is rare. It next involves upon me to give the morbid anatomy; for upon such depends most of the signs of Pneumonia. The morbid Anatomy differs as seen in the three [illegible], 1st Congestion or Engorgement, 2nd. Consolidation or Red hepatization, 3rd.

say hepatization. In first the color is a light red, lung is inelastic, somewhat swollen & will be found filled with blood or bloody serum. If you press it with your finger there will be left a pit. The fact that, if you throw some of it in water it will float, shows that it still contains some air. There will still be respiration, but less than in health, because less air. In 2nd stage there is a marked change; for the lung has a dark color, & presents considerable resemblance to the liver; hence the name "hepatization". This state of consolidation of course varies with degree of congestion in 1st stage. The air vesicles are filled with exudation & if you press upon them, there will be no respiration. Weight is increased & the lung is sometimes so much distended as to be indented by the ribs. If you make a section, there will be a distinctly granular appearance, [illegible]

[illegible] fibrin [illegible] to [illegible] the complications when [illegible]. Under microscope the alveoli will be found to be completely filled with exudate; fibrin assumes a stringy form. Sometimes the adjacent pleura will be found with fibrin; then we have pleuro-pneumonia. In 3rd stage we have the red color replaced by grayish. The granular appearance is not seen, and fibrin is not so hard. The large [illegible] is due to the fact that the red corpuscles have lost their pigment. In this stage the fibrin is undergoing a stage of fatty degeneration, which accounts for lessened hardness. This stage has a greater degree of moisture than 2nd stage. These stages of red & gray hepatization cannot be clinically distinguished. The stage of gray hepatization may terminate in (1) Resolution. (2) Purulent infiltration, (3) Abscess, (4) Gangrene, (5) Chronic interstitial Pneu-

monia. Resolution is a favorable termination. In it the exudation is chiefly diffused by absorption, but partly by expectoration. During this termination the bronchioles will begin to return to their normal size, the bronchial respiration gives way to crepitant rales, & the dullness, as resolution approaches, gradually disappears. In purulent infiltration there is an excessive cell formation along with fatty degeneration & liquefaction of the inflammatory products. It is only a high degree of gray hepatization. Sometimes this passes to resolution, & there is a return of normal lung, but unfortunately such occurrence is rare. Abscess is a rare termination. One or more may be formed, & may either open into the bronchi, the pus being [illegible] & a cavity left; or there may be a communication with pleura, or the abscess or abscesses may be surrounded

by a capsule, & its contents may undergo Cheesy or Calcareous changes & be completely closed up. Gangrene is favoured by alcoholic habits. There will be expectoration of bad smelling shreds of lung tissue. This termination is also of rare occurrence. Chronic interstitial pneumonia is also a rare termination. In it there is an induration. It has been found that all parts of lung are not equally affected by [illegible] lobe of right lung is most frequently attacked, then the lower lobe of left, then upper lobe of right, the upper lobe of left, & finally middle lobe of right. Generally only one lobe is affected at commencement of disease. From 5 to 15% of cases are double Pneumonias, which are seen more frequently in the old. Pneumonia may terminate in first stage, but this is very rare. The duration of 1st stage is from 1 to 3 days; 2nd & 3rd stage will

but from 3 days to 12 or 13, stages advance more rapidly in old patients & is more fatal in them. Sometimes in young consolidation may take place in twelve hours. As regards the occurrence of Pneumonia in sex, we find that in childhood male & female are equally attacked; but from early adult life males are more frequently attacked. This is because males are more exposed to causes. after the age of 60, while more males have it, the proportion to females is less. I now come to symptoms of Pneumonia in this form. It is apt to begin suddenly. Sometimes there are premonitory symptoms, such as headache, pain in back & limbs, a feeling of general indisposition, sometimes vomiting & delirium. These premonitory symptoms are more common in old age. In children, in whom lobar pneumonia is common, (sometimes more frequent first two years than

than from two to [illegible]), the onset is apt to be sudden. It begins with a chill, which is sharply defined from 77% to 90% of cases. As the chill is more prolonged & severe than in any other disease except intermittent fever & Pyaemia, if you can exclude last two, you can strongly suspect Pneumonia. This chill is not so common in children & old people. In children are seen convulsions & delirium. Generally, when convulsions, disease is in apex & upper lobe of lung. When chill is in old person, it [illegible] there is along with it a rapid rise of temperature & pain on affected side, which pain is dull & tense in character & increased by cough. If there is a sharp lancinating pain, then pleurisy is an accompaniment. Other symptoms of lobar pneumonia are flushed face, scanty urine & [illegible]. [illegible] Cough is more prominent symptom & is increased [illegible]

which may [illegible] to expectoration. This symptom is very frequent one. It does not depend upon lung; it is a part of the natural history of the disease. In this disease the pulse beats more slowly as compared with accelerated respiration than in other diseases. Dyspnea is a prominent symptom, but is not always encountered. It does not depend upon [illegible] of [illegible] belong to that part of the nervous system, which has effect upon respiratory center. Probably depends upon exsemia [illegible] matter acting upon respiratory center. Pain generally occurs early. Generally there is a cough, short & hacking. Another symptom is expectoration, which is at first stage mucus, viscid, tenacious & rusty. Later on the color of expectoration is changed; we have the rusty sputum of P[illegible], [illegible] is a close mixture of mucus & blood. When sputa becomes dark, it is an evil sign, for it shows a break-

ing tissue of blood. When there is secretion, the sputa is more or less viscid. In children there may be no expectoration. When expectoration stops in old, it is a bad sign. Temperature sometimes arises 102° to 150° F. It reaches maximum in one or two days. Occasionally there is slight morning remission; viz; 104° in evening & 102° in morning, & again 104° in evening. 101.5° & 103° alternate morning & evening. Sometimes maximum temperature will be variable & increase 7th or 8th day. When temperature goes to 108° or 109°, there is almost always death. We find fall of temperature 5th, 6th, & 7th day. This is the crisis. At this time sometimes there is heart failure demanding stimulants. But this fall in temperature instead of being a sudden drop, may be gradual; viz, a fall & a rise & so on, & then we have case by lysis & not by crisis. When a high temperature lasts 9 or 10 days, it means that there is purulent

infiltration. The temperature is apt to be highest, when disease involves apex. The pulse varies. In mild cases 100 or 110 per minute is maximum. In some cases 120 per minute; then it is grave. When the pulse is intermittent, there is danger & you must give free stimulation. Sometimes expression of countenance is anxious from impeded oxidation. There is apt to be a flush on cheek of a circumscribed area. Often only one cheek is affected & the side affected is independent of the side on which lung is affected. There is another symptom, which belongs to any inflammatory disease; viz; herpes of lip. This is most apt to occur when temperature falls rapidly & in resolution. The cerebral symptoms are in; in children, delirium & convulsions. Delirium is common in those of delirium tremens. This is apt to mark disease; there is insomnia. Delirium is more apt to oc-

cur when apex of lung is affected. There is a term called Typhoid Pneumonia. The proper meaning of this is Pneumonia with adynamic fever, because of broken down patient. Patient need not necessarily have had typhoid fever. But sometimes Pneumonia comes on as a complication of Typhoid fever. In regard to the products of urination in lobar pneumonia, the urine is apt to be scanty & high-colored. Urea & uric acid are found to be in excess. At crisis they may fall below normal. Chlorides are very often absent entirely. Apply test for Chlorides when resolution sets in & they begin to show themselves. The absence of chlorides in urine is accounted for by presence of chlorides in expectoration. I now come to auscultatory signs. In first stage on inspection chest movement is apt to be restricted. In double pneumonia, abdom-

vesicular breathing is more inspiratory. By palpation there will be noticed a slight increase in vocal fremitus. If patient cries or says 99, there will be a more marked thrill over affected lung. There is a slight impairment of resonance in percussion, because, there being an exudation of fibrin, there is less air. In this stage we have the pathognomonic symptom, "a crepitant râle. This sound is caused by sticky matter separating itself from wall by the air. In pneumonia of children there is hardly ever a crepitant râle. In 2nd stage inspection will reveal still less movement than in 1st stage, & on other side there will be increased movement, caused by supplementary action. On palpation there will be great increase in vocal fremitus. Vocal fremitus is caused by vibration of voice through consolidated

ted lung to chest wall. Sometimes this fremitus is not well marked because of accompanying pleurisy. When consolidated lung is extensive, sometimes a distinct pulsation is conducted through it. There is dullness on percussion because no air is in vesicles. Resonance is exaggerated on other side, where air is greater than normal. There is an increased sense of resistance over consolidated lung. By a very firm quick stroke, especially on side of spinal column, we get tympanitic resonance, have large bronchi there near the surface. On auscultation there is no crepitant râle, but there is heard tubal breathing, which is a characteristic sign of consolidation. This is produced by vibration of bronchial walls, because conductive power of consolidated lung is greater. When there is a cavity in chest, you will have pectoriloquy, & we

also have increasing consolidation of lung
In the 3rd stage the physical signs are same with
less intensity. And this can be understood, when
you remember that the fibrin is softening & under-
going fatty degeneration & there is little air
present. In 4th stage the breathing begins to approach
normal; air begins to find its way back & we have
crepitant redux. Crepitation of this stage being [illegible]
to expiration & inspiration. There is no way of tel-
ling resolution from purulent infiltration by
physical signs. If purulent infiltration takes place
high temperature & bronchial breathing will
continue. If there is an abscess in [illegible]
will have cavernous gurgle, produced by a
mixture of air & liquid in cavity of abscess; and
if patient coughs or spitts [illegible] appear to be
doing so in a demijohn. Next I come to diagno-
sis of Pneumonia. Diagnosis from Pulmonary

congestion & oedema. Oedema occurs as a complication. In congestion & oedema there is no chill & no rise of temperature, & they are always bilateral & sputa in them is thin & watery, sometimes bloody, but not thoroughly mixed with fibrin & mucus as in Pneumonia. There may be fine sepitant râle in congestion & oedema, but history will guide you, & in these last dulness is not complete, because vesicles contain some air. Diagnosis from capillary bronchitis, which is more common in children. This is almost always bilateral. The râles are produced. Its râles are produced in smaller bronchial tubes & are not so fine in character, & can be heard in both expiration & inspiration, & in this resonance is not completely absent, because there is always some air present. Also in same expectoration is muco-purulent & temperature does not run so high. Diagnosis from pleurisy.

(over)

in this there is a less distinct dull. But there is a sensation of chilliness, & a dry cough & absence of expectoration unless bronchitis is a complication; then it is muco-purulent. In pleurisy there is a friction sound. It is a to & fro sound in first stage. In 2nd stage of pleurisy there will be dullness as in Pneumonia; but they can be distinguished because in pleurisy there is no bronchial breathing, & no vocal fremitus, because fluid prevents vibration & also no bronchophony. Sometimes you have bronchial breathing near spine, then pleuritic effusion don't go all way round.

Diagnosis from lobular Pneumonia: for more common. The latter is preceded by bronchitis. Extending from bronchi the inflammation occurs in spots, does not extend over all at once, & there will be patches of dullness.

Diagnosis from meningitis. In children Pneu-

[illegible] is ushered in [illegible] often with [illegible] + [illegible] sometimes; [illegible] the [illegible] in clearly & there is a preternaturally slow pulse & no rise of temp. as yet. From typhoid fever. The two are often allied to each other. It is only by history, if typhoid fever comes on secondarily.

Prognosis. The critical fall of temperature the 6th, 7th or 8th day is favourable. Lessening of frequency of pulse [illegible] normal proportion is also favourable. Falling of temperature accompanied by perspiration is also favourable. Lessening of frequency of pulse & respiration also. Also diminution of tubal resonance + dullness on percussion. If there is a rise of temperature + persistency in it, there is danger. The statistics of mortality. Mine depends upon age than anything else in telling prognosis + mortality. The use of alcohol in excess interferes with individual. Pneumo-

me in children & in those over 60 yrs of age is unfavourable. An accompanying febrile affection, such as typhoid fever, or one of the exanthemata, makes prognosis bad, because of lessening heart power. Temperature 105° to 106° for two days, & a pulse 120 for two days, are bad signs. If pulse becomes 150 almost surely fatal. If pulse is 140, it becomes intermittent, which is very bad. The sudden suppression of sputa is a bad sign, because it shows there is an adynamic condition. Two special dangers are persistence of high temperature & failure of heart action. Sometimes there are filmous clots in chamber of heart. Of course these are dangerous.

Treatment. You cannot apply the same treatment to all cases. You do not have to treat so much the condition of lung as the ge-

eral system of patient. It is of first importance to [illegible] to natural course of disease. In beginning of malady, morphia hypodermically is best remedy. This is especially indicated, if pleuro-pneumonia is an accompaniment. Keep patient quiet & have his room well ventilated, of a temperature 65° or 70°, preferably the former. A cotton jacket applied all over chest, when disease is all over it, is very valuable as a protection from variation of temperature. If pain not very great, morphia may not be necessary. When fibrinous exudation is present, no medicine will take it out. A large dose of quinine with morphia has effect of preventing exudation. Sulphate of quinine is good [illegible] antipyretic. It is good in 2nd stage for same reason. Its value lies in

the fact of decrease of high temperature, which may do harm by depressing heart's action, & also it aids heart directly by its tonic action. Death often occurs from failure of heart. When any sign of this, give stimulants. Alcohol is of the highest value, if discriminately used. It is generally necessary [illegible], & also in person with the alcohol habit. Begin with small doses of alcohol if it is necessary, & increase if needed. At period of crisis, watch your patient & see him twice a day. The heart is apt to fail at time of beginning of resolution. Then use stimulants. Sometimes there is diarrhoea, then use brandy. In advanced stage, Carbonate of ammonia is good also, because it is a cardiac stimulant. If kidneys are not acting well, digitalis is good, both in virtue of its diuretic property & as a heart tonic. In third stage, there is great restlessness. Small doses of morphia are good then. If there

is marked difficulty in respiration, give turpentine or
[illegible]. If resolution lingers, then apply
blister over side. During convalescence tonics are
sometimes good & sometimes Cod Liver oil.
I now consider interstitial Pneumonia. This is a
chronic affection. Change in lungs consists of
chronic inflammation of areolar tissue or connec-
tive tissue. The cell elements become multiplied.
The alveoli become pressed upon & may be obliterat-
ed. Morbid Anatomy. Tissue is found in nodules
or patches. There is a slow contractility. But organs
are at first distended & afterwards contracted. Gran-
dation is not seen primarily as in lobar. There is
induration & contraction of walls of air vesicles. The
small bloodvessels & small bronchi are ultimate-
ly pressed upon. On section that part of lung
affected creeps under knife, & it cuts like cartilage
Sometimes lung presents a marbled appearance.

Caseation. Perhaps always secondary & perhaps more often from bronchitis. Sometimes from chronic gout & rheumatism. Sometimes knife grinders, coal miners & coal miners bring on chronic bronchitis developing into interstitial Pneumonia. The symptoms are not as well defined as those of lobar. There is dyspnoea, & it is increased by exercise. There is generally cough, sometimes there is muco-purulent exudation, the result of accompanying bronchitis. There is no regular curve for temperature. It never gets as high as in lobar. There is no definite chill. Pulse is apt to be slightly increased. Sometimes hectic fever at night. Sometimes there is general dropsy from backing back of blood. Auscultatory signs. On inspecting chest, there is retraction of indurated part, because of atmospheric pressure. Corresponding side, there will be a bulging on account of vicarious action. Apex beat of

heart is often displaced to one side. On palpation there is increased vocal fremitus, because solid lung tissue vibrates more than pervious lung would. On percussion there is marked dullness. On other side on percussion there is correspondingly increased resonance. On applying ear there is no respiratory breathing. There will be bronchial breathing. On speaking there will be bronchophony. Where large bronchus is near surface, we have pectoriloquy.

Diagnosis. From lobar Pneumonia. The entire history helps to distinguish. In early period auscultatory signs are more distinct in lobar. Lobar begins with chill + in this (lobar) in early period we have mucous râle. Neither of these last two are in chronic interstitial. From retraction of chest by pleurisy without history, it is hard to distinguish. But in Pneumonia there is apt to be fetid expectoration; not so in chronic pleurisy; moreover

haemoptysis is not an uncommon occurrence in Pneumonia. No bronchial breathing in Pleurisy; but there is in Pneumonia. From cancer. [illegible] is almost invariably met with somewhere else first. If cancer elsewhere, then almost certainly a cancer of lung. If malady is of long duration, then it is Pneumonia, for cancer of the lung [illegible] not give long life.

Prognosis. Not immediately fatal. Patient labours with Dyspnoea for a long time. It is apt to lead to Tubercular Phthisis, & haemoptysis from weakening of blood vessels. Treatment. When advanced can't be cured. In early [illegible] from bronchitis or pleurisy, treat these last two. Tonic treatment is most important. Cod liver oil & Iodine seem to prevent extension & remove chronic bronchitis. Clad patient in flannel or woollen. Let him go to mild climate. Iodide of

in many dr good Some recommended tr chloride of gold + Sod [illegible]

Catarrhal or Lobular Pneumonia.

This form is far more prevalent in children; so this part of my thesis will be lobular pneumonia of children. It is an inflammation of the vascular structure of the cells of the lungs. They are filled with inflammatory exudation. The age in which the [illegible] between 2 & 3 years. This disease often comes on without any appreciable cause. The anatomical characters are following; hyperaemia & oedema followed by formation of fibrine exudation in the air vessels & minute bronchi. This undergoes various stages, which are same as in lobar Pneumonia. This disease in children occurs oftener in superior lobe than in adults, but in adults it occurs oftener in right lower

lobe. Often Pleura is involved. Often we have vesicular emphysema as a complication.
Symptoms. Bronchitis often ushers it in. If not, very often ushered in by vomiting, chills & sometimes convulsions. Respiration is hurried; cough is generally dry, but moist if bronchitis is present & there is pain in affected part. The sputa will be mucus tinged with blood. When child coughs & gives a sharp sudden cry, it indicates pain in thorax. P[illegible] at any age. Temperature reaches 105°–107° F. The temperature greater in infants than in any other inflammatory disease, unless it be in Cholera Infantum. If trouble is seated at apex of lung, there is a higher temperature than when seated at base. The [illegible] days [illegible] 5th to 7th. If favorable, temperature decreases; also respiration. [illegible] complete

nausea. When temperature continues high for 10 days, it indicates an extension of the disease or that infiltration is set up. The face is blushed & sometimes livid & red. In fatal cases face becomes pale & drawn. There is dullness in percussion. There are often disturbances of the physiological functions of the brain; such as delirium & convulsions. The physical signs are same as lobar Pneumonia, with the exception that they are less intense. Diagnosis. From Bronchitis. In Bronchitis there is less dullness in percussion. In Pneumonia temperature is higher. Then Pneumonia generally confined to one side & the location of malady is different than location of malady in bronchitis. The diagnosis from meningitis is not easy at the beginning, but soon there can be no confusion as you have sign & symptoms as above. From Phys.

In pleurisy heart is often displaced, diaphragm depressed & affected side larger than other. There is [illegible] on percussion almost at first in Pneumonia, & feeble respiration & no râle. In pleurisy dullness is more marked, but not spread all over at first. From acute consumption. In consumption temperature rarely so high & it may vary during day. It can be distinguished from [illegible] by physical exploration.

Prognosis - Generally favorable. Treatment. The disease has a tendency to recover; so don't interfere with natural [illegible] of recovery, but meet such bad symptoms as may occur & conquer them if possible. If constipation, use a mild laxative. To reduce temperature use quinine, gr. ½ every four hrs. If fever [illegible] high, give an arterial sedative, such as Cit. Pot. (½ gr. every 3 hrs). If

second stage continues too long, use a remedy to prevent caseous degeneration. If pulse gets low use stimulants. Brandy is good. If convulsions apply cold effusion to head. If nervous tendency give a Bromide. When tongue furred & biliousness, give calomel. When pain & wakefulness, give opium. Meet such symptoms as will do harm, but leave to Nature as far as possible.

I now close my thesis with the [illegible], how important it is for all practitioners to understand well this wide spread disease, Pneumonia, in order to be successful conquerors of it.

Lawrence B. Morse.

Acute diffuse nephritis
or Acute Bright's disease of
the kidney — Pedro Alvaran
The above names for the
disease about to be treated
of, seem to be better chosen
than the various other names
which have been used to des-
ignate it viz. Acute parenchymatous
nephritis Interstitial nephritis
and the like. All having
a meaning explanatory of
the pathology of the
disease which we much
(at the present state of our
knowledge) admit is not
made out so satisfactorily
as to be considered entirely

beyond the realm of doubt
We may say however with
certainty that it is an in=
flammation of the kidneys
and that it is diffuse
in that it affects both
kidneys and also the whole
organ - but it must be
understood that all parts
of the organ are affected to
the same degree. Again
it is a disease characterized
by the presence of albumen
in the urine not that albu=
=men must necessarily
be present at all times
for it is a fact to be noted

that albumen may be absent at times and not exclude the diagnosis of acute diffuse nephritis for if the urine after patient be tested sufficiently often it will be found to be present. On the other hand all albuminuria is not acute diffuse nephritis. The quantity of urea will be found to be much less than normal. The urine if it be examined microscopically will be found to contain tube casts epithelial cells blood corpuscles &c the latter cause the smoky

appearance of the urine to the naked eye.
The tube casts have been said to be fibrinous but do not respond to the tests for fibrin and are more probably to be considered albuminous. The hyaline mentioned casts are called hyaline casts. There are also to be found epithelial and blood casts. The former are formed from the desquamated epithelium from the renal tubes, the latter made up from

red blood corpuscles
The tube casts found
in the urine are in
all probability formed
in the straight tubes
for if they were formed
in the convoluted tubules
it would not be likely
that they would become
vacuolated and appear
in the urine. The
epithelial casts are also
the blood casts often
have a hyaline base —
ment. Broken the
cells or corpuscles are
adherent and

are also found in the sediment. The casts are at times very numerous and at other times very few. Fatty casts more frequently than other. Chronic variety of Bright's disease often terminating in diffuse nephritis. The urine will if tested be found to be of a much higher specific gravity than normal and will be materially lessened in amount. Pain in the back in the region of the kidneys.

is sometimes present but
is so often absent it can
for that reason not be
considered diagnostic.
There is more or less
dropsical effusion in
to the serous cavities of
the body viz. the peritoneal
cavity or the thoracic cavity
and into the pericardium
More or less general
anasarca is a not
concomitant symptom.
It appears that the eyes
the scrotum and
the labia majora may
be involved. Albuminous

may come to such an
extent as to cause great
apprehension of danger
from death by dyspnoea
& weakness or syncope.
Pain also comes and
convulsions are not
infrequent. Vomiting
and purging may recur
many times. The
central opacities lying
next to the nervous elim-
-ination of the uvea
through the gastro-in-
testinal mucous mem-
-brane. Examination
of the eye by the -

ophthalmoscope may
not be real may lie in
the eye or its appendages
the brain being
central and the bile
vessels conveying of the
blood from the filtering
of the kidneys to excretion
from the blood the urea
which they would do were
the following probably
true and consistent
as to be tried by the
disease cause the atrophy
presents a day afternoon
and that is more or less
from then may also be

shining from the face which suffuses the tissues of the eyelids. The patient looks at the ceiling, and looks pale. Convalescence leads to a gradual increase in the secretion of the urine, the reduced specific gravity and its general approximation to the normal condition although after the subsidence of the dropsy the urine may still contain albumen, but the amount much decreased.

or Whatever disease is supposed to be concerned in the circulation blood-channels other causes for no reasoning in the fact that both organs are alike affected. The albumen-uria is not easily explained but it may be accounted for by the inflammatory condition of the renal capillaries and the changes in the epithelium particularly in the epithelium covering the glomerulus. Disease of the blood is not an unknown

in the production of the albumen a low concentration is said to cause the albumenuria or to aid in its production because when the epithelium is not sufficiently moistened changes must of a necessity take place. The question forces itself immediately why look the urine contain albumen in health for capillaries in other parts of the body permit the passage through them small of albumen. Do the capillaries

the albumen can alone be transude through those which serve to render it so pliable to force through the effusion covering the glottis in the early stage of the disease. Lastly may be accounted for or may result from a coagulation of albumen, which may have escaped from the blood vessels into the tissues. The atrophy may be accounted for by the hydraemic condition of the blood.

The fore & freezing

to other causes may be
considered under the
three following heads
1st. When the disease is
caused by the action of
toxic agents as Mercury
Turpentine Phosphorus
Arsenic Cantharides &c
2nd. When the disease is con-
comitant with or succeeds
to an infectious disease
as Scarlet fever Syphilis
or Typhoid fever ~~[illegible]~~
Diphtheria Relapsing fever
Acute Lobar pneumonia
Erysipelas &c. Lastly by the
causes which interfere

with the urine effects
this on large bypass and
cold. The connection of
the last named causes
with the cause of the
disease are rather obscure.
The albuminuria and
dropsy of Bright's disease
often lose for its cause
acute diffuse nephritis.
Inflammation is often
the primary cause of
Acute Bright's disease
Not only the inebriate
in the alcoholic liquors
is the cause but also the
exposure to cold weather

Both a lack of legum
Heart diffuse hypertrophy
attacks males more fre=
quently than females
and no time of life
is exempt from it even
infants may contract the
disease.

The diagnosis is to be
formed upon the detection
of albuminuria but not upon
this only but its presence
together with the presence
of the other general symptoms
viz. dropsy cerebral troubles
showing uremia and upon
the finding of the

casts, hyaline and epithelial, blood corpuscles. The small amount of urine passed and its high specific gravity. Pain located in the back in the region of the kidneys is not dangerous for it may be present or it may be absent. The danger arises in this disease from the complications of uremia and the various complications be excluded the prognosis may be considered favorable.

self limited and rarely
passes into chronic diffuse
Bright's disease.

Treatment in this disease
has for its object the removal
of the dropsical effusion, the getting
rid of the urea and the restoration
of the kidney to its normal function
With regard to the first saline and
hydragogue cathartics according to the
amount of the effusion Diuretics may
be used but of the non inflammatory
variety With reference to the elimination
of the urea the foregoing treat
ment is recommended with
additional measures directed
towards copious diaphoresis.

Rest and warmth on the bed
are necessary to resort to for
the restoration of the kidney
to its normal condition
The use of water as a diuretic
is highly recommended also the
use of bitter water.
The diet should not be stimu-
lating and the habits of life
regular. Tonics are useful
during convalescence.

[illegible]

[illegible] age of [illegible]

[illegible] which [illegible] as a [illegible]

[illegible] with tubercle.

[illegible]

[illegible] as a [illegible]

[illegible]

[illegible]

[illegible] as [illegible] [illegible]; and that

the development of the tuberculous process could be studied throughout the

whole course,

[illegible]

[illegible] ladies somewhat

smaller than mustard seed [illegible]

[illegible]

[illegible]

[illegible]

accumulations of miliary tubercle.

But the usual destructive changes of these bodies before death prevented their identity as initial tubercle being established.

Long observation has, however, disproved their identity as tubercle; these [illegible] always been noticed as occupying that portion of the mucous membrane of the larynx, which abounds in mucous glands; from which a highly probable inference has been drawn that they are not tubercle but hypertrophied glands filled with the products of

their own secretion, and desquamation owing to the occlusion of their orifices, these being inflammed by some irritable quality in the hypersecretions of the coexist [illegible]; the [illegible] destruction of these glands results [illegible] from the morbid [illegible] the main processes set up [illegible] the pressure of tubercu lous infiltration [illegible] within and between their individual [illegible] [illegible] infiltrations are seen, assuming the various forms of, and closely resembling tuberculous ulceration, and indeed it is [illegible] impossible to tell one from the other save under the lens of the microscope.

Further discussion of these laryngoscopi cal appearances, would lead to the dis

The earliest recognizable [illegible]
acute form, is almost always manifested
by marked congestion of the mucous membrane,
while the earlier [illegible] stages of
chronic, [illegible] more [illegible] over
is almost always manifested by [illegible]
[illegible].

In the acute form, [illegible]
[illegible] known and [illegible] and in the
secondary tuberculosis takes place is
not uniform; In most, the evidences
of softening are unmistakable when the
laryngeal disease comes under [illegible]
but [illegible] cases they are absent or
are not detected.

In the course of three to six weeks, a
number of ulcerations superficial, bizonal

tuberculosis.

history of ex[illegible]

tuberculosis.

following distinct history of exposure, as in the acuter form just described; but it is characterized by a well marked pallor of the mucous membrane; a pallor participated in, in many instances, by the mucous membrane of the pharynx and mouth. This anæmia is often apparent long in advance of similar evidence of impairment of nutrition elsewhere.

Although somewhat characteristic and strongly suggestive of scrofulous tuberculosis, this appearance is not peculiar to the tuberculous dyscrasia.

In many cases congestive causes at a later period of the disease; as are result of the irritation produced by the

tuberculous process, but in many cases the pallid hue continues until the last.

There is often a general condition of [illegible] the mucous membrane, but most frequently there are circumscribed tumefactions of a peculiar character.

The most frequent locality of tumefaction [illegible] of the arytenoid cartilages. The intumescence is most frequently bilateral, under going gradual transformation into pale tumid, club shaped, and finally distinctly pyriform or irregular or irregularly fibrous tumors, gradually

[illegible] stem like toward the
[illegible] epiglottis & tremity of the arytenoid
[illegible]
Although most frequently in pale in
[illegible] injected; and sometimes
intensely so.

The tumefaction, unilateral or the greater
of the two, if bilateral, is almost always
situated on side of the body corresponding
[illegible]

In the case the epiglottis becomes
the seat of tumefaction either alone
[illegible] conditions in the
[illegible] ligaments

[illegible] Wherein interstitial
upon the laryngeal face upon the edges

[illegible] gradually extends in depth and [illegible] in most cases progressive [illegible] ulceration goes on from above until [illegible] but an irregular stump is left. Tuberculous ulcers are left healed [illegible] cases of cure are occasionally noticed, but it is a question whether these instances [illegible] as reported, have been actually [illegible] for life.

The percentage of cases where the [illegible] undergoes tuberculization has not been approximately estimated, but is probably not large and most likely met with in hospital practice.

Thesis by -

Lewis H. Moyer.

New Ringgold.

Pa.

Subject. - Interstitial Nephritis.

February - 1887.

236

-Interstitial Nephritis-

Interstitial Nephritis is one of the chronic forms of "Bright's Disease". It is sometimes known as cirrhosis of kidney, sclerosis of the kidney, contracting kidney, gouty kidney, &c. Interstitial nephritis or sclerosis of the kidney, are the correct terms that should always be applied to this malady, as they indicate the site and character of the morbid changes. It is a chronic inflammation of the intervening connective tissue of the kidney, with subsequent hardening and contraction of the organ. By some it is claimed now that the changes in the kidneys are only concomitant

with, or secondary to morbid changes in the arterial system. (Skin) and profound disturbance of nutrition and assimilation.

Etiology.— It is a disease of middle life, most common from forty to sixty years, and rarely met with before twenty. It is more common in men than in women. Many cases are not traceable to any cause. Among the known causes are:- gout, lead poisoning, syphilis, and alcoholism. Gout is a very common cause but according to Prof. Bartholow lead poisoning ranks first as a cause of this malady. According to the same authority, the affection

frequently follows gonorrhoea caused by the medicaments used in the treatment of the [illegible] affection. Rheumatism is probably also a cause of this malady sometimes. Interstitial nephritis is sometimes due to primary morbid changes in the renal glomerular centres. (Drs. Dacosta and Longstreth)

Pathological Anatomy.—The kidneys are usually diminished in size. Sometimes this diminution is very marked. The kidney may diminish in weight from five to six ounces its normal weight, to three or even two ounces. The capsule is thick, opaque and adherent. The surface of the

kidney presents a granular appearance, with cysts of various sizes [illegible] transparent color irregularly studded o[illegible]. On section, the substance of the kidney is found to be very tough and [illegible]stant. The cortical portion is thin from atrophy being only a line or two in thickness. The color of the kidney varies from a darkish or reddish [illegible] yellowish gray, according to the amount of [illegible] which is in it. The tubules are [illegible]sed into [illegible] by the thickening and contracting of the connective t[illegible] around [illegible]. Here and there a tubule may be seen with its

epithelium is intact, but large spaces exist between these, exclusively occupied by fibrous tissue and the remains of obliterated tubules. The glomeruli are grouped together in bunches, owing to the wasting of the intermediate tubes. The changes are not always general. Sometimes the disease is more advanced in one kidney than in the other. One part of the same kidney may be more advanced in the [illegible] than the rest of the organ; or the organ may be affected in patches. The morbid changes are not limited to the kidneys. The left side of the heart is hypertrophied,

as are also the muscular fibres of the arterioles throughout the body. In the latter stages of the disease, these hypertrophied tissues undergo fatty degeneration, hence the not unfrequent termination of the disease in apoplexy or cerebral hemorrhage. In many cases the retina undergoes a form of inflammation resulting in atrophy of the optic disk. It is known as "[illegible] albuminuric".

Symptoms.—The onset of this disease is so insidious, and the development so slow and from such small beginnings, that very often marked alterations [illegible] taken

place in the kidneys, heart and vessels before the disease is recognized. A patient may die suddenly from a cerebral hemorrhage, previously having experienced no symptoms referable to the kidneys. The post-mortem examination will however reveal the contracted granular kidney. Another patient may come to consult the oculist about some disturbance of vision without any apparent cause, never dreaming of the treacherous malady at the bottom of the trouble making its way to certain destruction. An ophthalmoscopic examination at once reveals the true nature of the disease to the specialist, and

an examination of the urine verifies the diagnosis of "retinitis albuminuria". Still another patient may suddenly be taken with convulsive seizures ... on examination albumen be found in his urine.

Headache, nausea, indigestion and frequent micturition, are the principal initial symptoms. Of these symptoms, frequent micturition, especially at night time, is the most common and the one that usually first attracts attention. In this disease patients frequently pass a gallon or more urine in twenty four hours. Normally, the amount of urine passed in twenty four hours should be about

forty ounces, or ... two to three pints. The urine in this disease is very pale and of low specific gravity, — 1003 to 1010. Considerable diminution in the urinary discharges at any time during the course of the disease, is an ill omen, as it indicates advancing morbid changes in the kidney, and the onset of uraemia. The urine, as a rule, contains more or less albumen, but it is small in amount and may be absent for days together. In doubtful cases, frequent examinations should be made and at longer intervals. When it is present in the earlier stages of the disease, it is often

only present in sufficient quantity to produce a slight cloudiness by the ordinary tests of nitric acid and heat. The quantity of albumen is affected by diet, mode of life, and by the amount of urine passed. In the latter stages of the disease, when the urine falls off in amount, the quantity of albumen is generally increased. Uric acid and the saline constituents of the urine are diminished, hence there is little deposit of sediment. Some epithelial cells and hyaline casts may be seen in the sediment by a low power of the microscope. These hyaline casts are of the most importance in verifying the diag-

of this form of disease. They are few in number and hence the sediment of a large quantity of urine should be examined. These tube casts are pale, transparent, glasslike, and their outline is not easily discerned. They are structureless, excepting an occasional adherent fat globule.

The frequent micturition and excessive quantity of urine discharged in the earlier stage of the disease, is compensated by the patient, in taking more fluid, especially at meals. Thirst and increased arterial tension are among the earliest symptoms. Large quantities of water are taken, which seem to the patient to

pass through his body without a rest. Various gastric disturbances are early experienced. There will be distress after eating, nausea, flatulence, and irregularity of the bowels. As the case progresses, headache and depressing nau- become constant symptoms. The body weight declines, the skin becomes dry and scurfy, and the strength of the patient fails. The hairs of the patient become dry and appear lifeless. There will be forcible cardiac action with high arterial tension due to hypertrophy of the left ventricle of the heart and the muscular fibres of the arterioles. The patient suffers from shortness of breath on making

any exertion. There is no dropsy during the course of the disease, but a little puffiness of the lids and oedema of the conjunctiva. This symptom is often most marked in the morning when the patient gets up. There is generally a marked cachexia, and the lips will often have a blue or livid appearance. As the disease approaches its termination and the damaged kidneys are no longer able to separate the urine from the blood there will be general dropsy. Very often the patient succumbs to uraemic poisoning before reaching this condition. When uraemia develops, the nausea with occasional vomiting which formerly

ited, becomes incessant and uncontrollable. The patient will now suffer nausea and vomiting, rejection of food. Vomiting frequently takes place in the morning, when the stomach is empty. After violent and protracted retching, only a little mucous and a quantity of watery fluid is brought up. There is often established at this time a watery diarrhoea, which sometimes becomes uncontrollable — the discharges being abundant and frequent. Discharges may at last occur involuntarily. There will be increasing headache, vertigo, stupor and drowsiness. When the patients mind is unoccupied, he will often fall asleep in his chair, while

at night his sleep will be disturbed by vivid dreams, and there are muscular twitchings and heavy irregular breathing violent itching of the skin, aching of the limbs and back, tremors, twitching of individual muscles or groups of muscles of the face and extremities, and finally general convulsions, occur as the disease approaches its termination.
The disease pursues a very chronic course — from ten to twenty years if uncomplicated.
The termination is usually by convulsions, coma and death. Probably the next most frequent termination is from cerebral hemorrhage — apoplexy.
Death may be caused by exhaustion

from ... vomiting and purging, or by some cardiac or pulmonary complication. The excrementitious matter circulating in the blood may give rise to endocarditis, pericarditis, pleurisy or pneumonia, and either of these complications may prove fatal.

Diagnosis.— Every case of persistent gastric disturbance with headache, ... especially when accompanied by frequent micturition, should make us suspect this malady and the urine should be carefully examined. If any albumen or hyaline casts be detected in the urine, the diagnosis ought to be very clear. The large quantity of pale urine, of low specific

gravity, small amount of albumen and few hyaline casts of chronic interstitial nephritis, are readily differentiated from the small quantity of high colored urine, of high specific gravity, large quantity of albumen and granular casts of parenchymatous nephritis. In the latter we also have the rapidly accumulating dropsy, while in the former there is but slight oedema or puffiness, with marked nervous phenomena and high [illegible] tension.

Diabetes Mellitus sometimes gives rise to symptoms somewhat similar to those of interstitial nephritis, namely,— large amount of urine, frequent

nutrition, dyspepsia, headache and emaciation. An examination of the urine will at once determine with which of these diseases we have to deal.

Treatment.—Hygienic management is of the first importance. The patient should be well protected from changes of temperature. Flannels should be constantly worn next to the skin. If possible, the patient should reside in a warm, dry and equitable climate. The diet should consist of the most assimilable food possible, and this is undoubtedly milk. Skimmed milk is generally best and most the best diet.

Some patients do better on cream diluted with limewater, or on butter-milk. Animal food [illegible] be altogether withdrawn, but a large amount of animal food adds to the work of the kidneys [illegible] increasing urea. Eggs, or a little fresh beef may be taken [illegible] a day. If diarrhoea does not exist, the patient may also eat fruits. The patient should make no exertion of [illegible] kind. [illegible] nearly absolute rest [illegible] patients general health will permit, should always be enjoined. All alcoholic stimulants should be avoided. Patients often derive benefit f[illegible] the use of alkaline mineral

waters, such as the Buffalo lithia waters. When the secreting structure of the kidney is destroyed, the disease has become incurable. Hence we should endeavor if possible, to arrest the initial symptoms and changes. Those cases produced by syphilis or lead poisoning offer the best prospect of cure. Cases due to syphilis should be treated with the iodides and bichloride of mercury, and those due to lead poisoning, with iodide of potassium. If there is either a gouty or a rheumatic history, anti-gout or anti-rheumatic remedies should be employed. In the early stages, occassional saline purges

and warm baths are beneficial, as they tend to excite the action of the skin and relieve the high arterial tension. Repeated dry friction and massage are also claimed to be beneficial. To prevent the connective tissue changes, numerous remedies are recommended. Hydrarg. chlor. corrosivum, gr. 1/20 ter die, is probably the best alterative we can employ in the majority of cases. The chalybeates are indicated, but are generally not well borne. When there is manifest over action of the heart, nitro-glycerine is serviceable. It may be given in drop doses of a one per cent. alcoholic solution. Liq. Potassa Arsenitis - gtt. j - iij before meals often arests vomiting and

promotes digestion. This remedy is doubly invaluable. It has a tendency to arrest connective tissue hyperplasia. Mineral acids are beneficial to aid digestion and prevent acid fermentation in the st. ch. Stercoracemia, if the patient is conscious purgatives, diaphoretics and diuretics are indicated. In mild cases, comp. jalap powder infusion of dig — should be used. Elaterium may be cautiously used. In urgent cases the hot air bath and the hypodermic injection of pilocarpine are the most powerful means of relief. Uraemic convulsions should be treated by hypodermic injections of morphia

Thesis

Chy

J. B. Mullins

Feb. 14. 1887

[illegible]

[illegible]

[illegible]

[illegible] lot

[illegible] bilious or sonorous rales but later [illegible] the rales become moist.

[illegible]

[illegible] to 107° – 108° F. and in severe cases may reach as high as 106°. The pulse is as high as 110 [illegible] 130 [illegible] and in severe cases may reach 140. [illegible]

[illegible]

and [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

of symptoms. (I. [illegible]

or may be [illegible]

[illegible]

difference is that in lobular pneumonia the temperature is much higher than in capillary bronchitis.

Diagnosis. If this disease be well [illegible] in making a diagnosis. The [illegible] stage [illegible] but it will be seen that the temperature is higher than in an ordinary attack of [illegible] remission and

sometimes we have trouble when the catarrhal symptoms [illegible] or the eruption is not well marked [illegible]. The prognosis in uncomplicated cases is good, but should there be inflammation to a great degree of the alimentary tract [illegible] The prognosis is better in children after dentition than before or in adults. [illegible] so has something to do with the prognosis. For if [illegible] disease will [illegible] to [illegible].

rises high as 105° — 106° F. and

[illegible]

cause of this disease in the

first [illegible]

[illegible] and [illegible] in [illegible]

and [illegible] in the [illegible]

and of the eruption in the second

[illegible]

[illegible]

pregnancy it is apt to cause

abortion but it is not as fatal

here as scarlet fever.

Treatment. [illegible]

Kept in a large well ventilated

~~[illegible]~~ room, darkened so as to

protect his eyes from the light.

Nurse should have [illegible] temperature of

[illegible] but 65° — 70° F and [illegible]
[illegible] that some heated
[illegible] and to draughts. If
[illegible] complicated case
[illegible] one is required.

[illegible] frequently [illegible]
[illegible] of the temperature

[illegible] ts [illegible] last. If the patient vital powers are reduced [illegible] it [illegible] becomes necessary to give stimulants, such as wine or brandy. If complications [illegible] treat them [illegible] cir-[illegible] stances. [illegible] prophylactic treatment [illegible] to insure [illegible] natural.

Causes of

Cardiac Hypertrophy & Dilatation.

Chas. F. Nichols

15 P.

Causes of -

Cardiac Hypertrophy & Dilatation

In speaking of the causes of cardiac hypertrophy and dilatation I shall first refer to those causes which result from cardiac lesions alone.

By the term cardiac hypertrophy is meant an increased thickness in the walls of the heart — by an increase in their muscular structure or tissue.

The hypertrophy may be confined to a limited area or it may involve both the auricular and ventricular walls at the same time. There seems to be no limited degree to

cardiac hypertrophy. It has been
repeatedly shown that the
heart is capable of undergoing
an enormous degree of enlarge-
ment, but there comes a
time when the so called
compensative hypertrophy has
a point at which dilatation
supervenes, showing as an evidence
that the heart has succumbed
to the ravages of an advancing
disease.

The lesions which give rise to
cardiac hypertrophy are.-
First- Aortic lesions which
gives rise to hypertrophy of
the left ventricle. In this

we have a narrowed aortic orifice in accordance with the amount of obstruction. Consequent upon this we have a damming back of the blood in the ventricle owing the heart increased work to force the blood onward through the narrowed orifice Thus we have hypertrophy as a result of this backward pressure.

Second. Mitral Stenosis causing hypertrophy of the left auricle. The changes here are similar to those of aortic stenosis except that the cause is much more rare the hypertrophy here being followed by

rapid and extreme dilatation.
The left ventricle here becomes
atrophied to an extent from
the decrease in amount of
work which it is allowed to do.
This obstruction causes a damming back of blood into the
lungs giving us pulmonary
engorgement and frequently
haemoptysis as a result accompanied with the consequent hypertrophy
dyspnoea.
Third. Pulmonic disease
gives rise to hypertrophy of the
right ventricle and tricuspid
stenosis gives rise to hypertrophy
of the right auricle.

The other valvular lesions which are attended by hypertrophy first cause dilatation of the heart cavities, and the hypertrophy develops as the result of the dilatation.

Having spoken of the intra cardiac lesions which give rise to hypertrophy I shall consider some other mechanical causes which include those diseases affecting the arteries demanding the heart to increase its power. In this list of mechanical causes may first be mentioned atheromatous degeneration of the large arteries

as the result of senile changes
The hypertrophy here is not
due to the narrowing of the
vessels but especially consequent
upon the loss in the elasticity
of the arterial walls.

Again the calibre of the
aorta may be lessened either
by congenital stenosis or by
pressure from the growth of
a tumor. Under these cir-
cumstances cardiac hypertrophy
results from an increased
amount of work which here
is imposed upon the left ventricle.

Hypertrophy of the left ventricle
is observed as a consequence

of interference with the general capillary circulation.

Bright was the first to notice the frequent coincidence of cardiac hypertrophy and diseases of the kidney.

Also the long continued use of alcohol produces interference with the systemic capillary circulation and thus develops hypertrophy of the left ventricle.

Pericarditis is very often the cause of cardiac hypertrophy. It induces it in two ways, either by softening and dilating the ventricles or by

the obstruction offered to the heart's action by the adhesion of the two pericardial surfaces as the result of the inflammatory process.

Pulmonary diseases induce hypertrophy of right ventricle by blocking the field of haematosis and especially by offering an obstruction to the pulmonary circulation. The most important of these diseases are Emphysema and Chronic Bronchitis. These diseases are essentially chronic and their chronicity bears relation to the amount of

hypertrophy which takes place in the heart.

Phthisis on the other hand does not seem to produce either hypertrophy or dilatation. This is due for most part to the fact that the pulmonary circulation is not interfered with to any marked extent.

Dilatation.

I shall now refer to the causes of cardiac dilatation in brief, which in its production is closely allied to hypertrophy.

By cardiac dilatation we mean that there is an in-

crease in the capacity of the heart cavities. And at the same time the muscular walls do not function properly either because of too much tension or from a loss of tonicity in the muscles. The causes first to be considered are those which result from immediate changes which take place in the muscular tissue of the heart thus producing dilatation.

In Endocarditis the inflammatory process may frequently extend into the muscular tissue to an extent thus giving rise to a myocarditis. This inflammation

May extend some distance into the muscular structure and by weakening it and altering its consistency give rise to dilatation.

So in Pericarditis the process of inflammation often extends towards the pericardium into the muscular structure thus weakening the muscles and interfering their function. These weakened muscles then readily give way under pressure and dilatation is established.

Second. In long continued fevers or any disease tending to destroy vitality lasting for a length of time we have a

condition of dilatation produced in proportion to the amount of degeneration which has been undergone by the muscular tissue. It is well to remember here that with complete recovery the muscles reassume their normal activity and the dilatation, which was in this case primary entirely disappears.

Third. The muscular tissue of the heart may be the seat of primary fatty degeneration. With this condition existing it can easily give and of itself produce dilatation. The normal blood pressure here

fring sufficient to produce dilatation. More especially is it so if it be accompanied by an obstruction to the circulation with which it is so likely to be associated. This form of dilatation resulting from fatty degeneration is not only permanent but steadily tends to increase.

There is still another form of dilatation which results from the degeneration of the muscular tissue of the heart in Eccentric hypertrophy. Eccentric hypertrophy being that form of hypertrophy in which the cardiac walls

are thickened and the capacity of the cavity is also increased.
This form of dilatation is the outgrowth of valvular lesions and is slow in coming on but when once established makes rapid progress and is marked by the most distressing symptoms.